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Between Ourselves

When the Constitution and By-Laws of the Canadian Nurses' Association were amended some seven years ago, one of the outstanding changes was the provision made to include a definite number of representatives of the religious nursing sisterhoods on the governing body of the Association—the Executive Committee. Five territorial regions were decided upon as the areas from which the sisters would be elected—Maritimes, Quebec, Ontario, Manitoba-Saskatchewan, and Alberta-British Columbia.

Our guest editor this month, **Sister Catherine Gerard**, has represented the sisterhoods of the Maritimes since 1950. Born and educated in Newtonville, Mass., Sister has retained her soft New England accent through the many years that have intervened since she graduated from Hamilton Memorial Hospital in North Sydney, N.S., in 1922. Her professional life has been centred in the Halifax Infirmary where she has been successively night supervisor, operating room supervisor, caseroom supervisor, director of nursing, and is now associate administrator. She holds her certificate in hospital administration from Saint Louis University.

Research in nursing in this country made a relatively slow start. It is gradually coming more and more into prominence. This timely editorial may serve to direct greater emphasis to this important aspect of a growing professional consciousness.

* * *

An authority on internal medicine, **Dr. D. M. Baltzan** has had many contacts with nurses during the years he has been senior lecturer in medicine to the student nurses in the two schools of nursing in Saskatoon—St. Paul's and City Hospital. He has compressed this lecture material into book form so that other schools may also benefit by his course in *Principles of Internal Medicine.*

Because he is so familiar with the ***interprofessional problems*** that can and do arise in the circle of physician-patient-nurse, the suggestions Dr. Baltzan makes in his article, particularly the way the nurse should answer knotty questions posed by patients, will make helpful reading.

* * *

Earliest recorded history tells us of the fear and horror that followed the appearance of leprosy in any community. Many references are made to it in the Scriptures—always with the same inference—"Unclean!" Today, the actual incidence of this disease in Canada is so small that only a minute percentage of our nurses have ever seen, let alone assisted in the treatment of, patients with ***Hansen's disease.*** The very occasional person found to have contracted the disease is sent for treatment to one or other of the leprosaria.

Hannah R. Levis is in charge of the unit on our Pacific Coast. The environment of the patients detained there is very different from the surroundings in which the Biblical patients passed their days. You will be interested to read of the joy of living that modern science has made possible for them.

* * *

What kind of ***staff education program*** do you have in your organization—be it hospital or public health nursing? Too often such programs are haphazard both as to timing and the material included. Too often, too, they tend to become monologues rather than true discussion periods.

A glance through the items included in the program conducted at the Oshawa General Hospital, Ont., described for us by **Amy E. Griffin**, will reveal how much better informed every staff nurse would be after participating. A similar program can be evolved with good results in every organization. The added interest will more than repay the time and effort.

* * *

Have you ever stood watching people walking along the street—or nurses walking along the hospital corridor—and remarked to yourself on how many have deplorable posture? Some slouch with the abdomen instead of the chest leading the way; some will show a tendency to round-back deformity; some show definite spinal curvature.

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Edited by DEAN F. N. HUGHES

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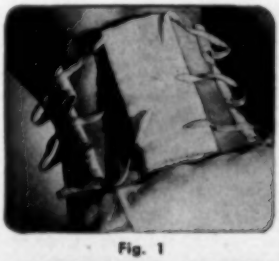

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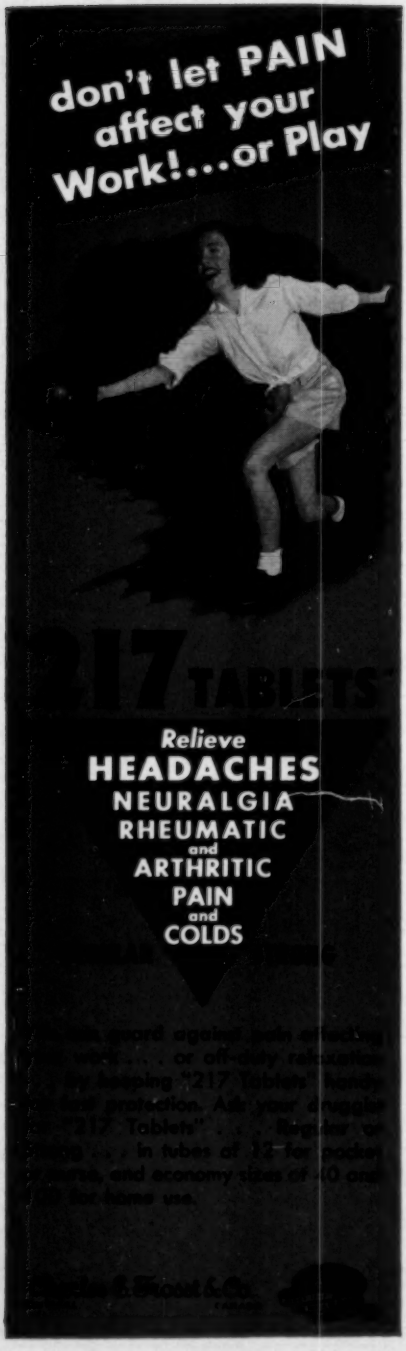

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1. Perloff, W. H. (1951), Treatment of the Menopause. II. American J. Obst. & Gynec., 61:670, March.

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Research in the Nursing Profession

WITH THE PHENOMENAL developments in medicine and its kindred disciplines there is a rapidly increasing awareness that there is a distinct contribution to the broader field that may be made by the science of nursing.

The dependence of nursing on the knowledge of other professions poses special problems for it as an evolving profession. Some of these problems may be related specifically to the area of nursing research. They emphasize the need for a clarity of function on the part of the research worker for, when borrowing from other clearly defined sciences, the worker may appropriate their aims and methodology as well, if she has not her own clearly in mind. Research in nursing science deals with the problems faced by professional nursing administrators and by the community in its concern with nursing functions.

In nursing research, the problem to be investigated is always found in the course of actual nursing or in its planning. Both the methods and the theories of social sciences may be utilized but they are useful in the nursing field only as they help to answer questions arising out of the actual nursing practice.

The early task of defining the specific role and function of nursing science fell to the practitioner rather than to any person engaged in basic research. Nursing programs have responded and they continue to respond to the urgent pressure of economic and cultural factors in the rapidly changing society of the last half-century. This pressure has emphasized the need for

SISTER CATHERINE GERARD

developing specific methods and skills to meet the immediate problems and this, combined with the fact that the nursing science draws so largely from the knowledge of other professions, has contributed to the comparative neglect of research as an integral part of nursing science.

There seems to be a need for fundamental research and for testing and amplifying many accepted principles. There is an unfortunate belief that theory and practice are to some extent opposed, the one representing practical experience, the other an unreal idealism. This gap must be bridged. The two are mutually dependent. One cannot continue to develop without the other. Where conflict occurs, it would indicate lack of correlation or a fault in the application of basic principles which are as valid in one area of nursing science as in another. Research that gives results not applicable in the field is not valid, nor is practice valid if the principles by which it operates do not stand up to scientific examination.

Concern over the lack of research programs and personnel has become acute and a greater effort is now being made to further research facilities. In Canada, research in this field rests largely with the Canadian Nurses' Association. Hardly any institutions employ research personnel and direction and initiative are to some extent lacking. These pressing needs appear: identification of the problems on which work is needed, with some priorities placed thereon; improved methods for studying them; coordination and expansion of resources for carrying on the necessary research.

Research in nursing science, as in the physical sciences, falls into two categories—the "action" and "planning" research; and that research which seeks to discover, describe, and establish principles and theories rather than to apply them. Thus, the nature of research is bi-functional. The type making factual contribution is partly responsible for the chaos and struggle necessary before change can occur. The application makes for order and continuance and for integrating fundamental findings into the fabric of the whole. This pattern of chaos as an attribute of growth and the consequent need for integration is the same as in the processes of growth and change. It applies equally well to the learning process for students, to movement in the casework situation, or to growth and change in an institution or a community.

Many institutions are developing a positive attitude toward research and are stating that they want it as part of their program, though it is often not clear whether the desire arises from their own needs and practices, or as a result of public opinion and the present premium placed on the value of research. The question of having research is not a simple one. It requires that assumptions in current practice be clearly recognized and then tested, or else that other assumptions be employed in the formulation of new theory. Either of these alternatives requires, besides insight and clarity, a readiness on the part of the institution to risk discrediting established in-policy and practice.

Hence, research is hampered not only because it is difficult to define function so as to make insight possible, but also because its results might lead to the inconvenience and pain of change, if applied. As resistance to change is a fact, there must be as a first step a realization of the aims of the nursing profession and the range of the application of research within the institutional framework. Then follow selection of a specific problem for study, decision regarding its feasibility, the actual work of the research, and the application of findings. Even where resistance to change occurs, the stimulation from critical and constructive activities leads to growth experiences in the resisting institution. It has been found that the revision of a single assumption provides impetus and challenge to the institution.

In institutional research it is the administrator who must ultimately be responsible, since a project involves planning, time, and expense. It may

involve the whole casework staff as well as the research personnel. The facts established by the project are necessarily of institutional concern and may affect policy as well as standards of service. In fact, a project is of little value if its findings are not usable by the institution and made available to other institutions as well. It will be the administrator's concern what problem shall be studied, how the research shall be incorporated into the structure of the institution, who shall direct it, what time and money shall be allocated to it, and how continuity of effort can be ensured.

Doing research implies not only the use of a method and the development of an attitude by institutional personnel, but also the setting in motion of a process which may involve the most diverse parts of the institutional program in its flow of movement. Methods in institutional research tend to vary with purpose and content. Statistical, historical, survey and case methods are all used. Any of these may be used for a particular project but most often a combination of methods is used in a single project.

Projects differ in content and aim. Frequently, action research is sponsored as a means of testing inter-institutional activities or for planning as they mobilize toward social action. Historically, private institutions pioneer a field and then are faced with the problem of adjusting their function to the expanding public and institutional programs, which relieve the private institutions of their self-developed responsibilities and leave them free to pioneer again in new untested areas of need and service. Functionally, therefore, the private institutions are research agencies, so it would be logical and desirable that they operate as research arms of a research program. The public institutions need the validity of the research-tested facts as basis for present programs, charting future programs, and for real interpretation of services to government and to the public. Professional associations are concerned about problems relating to professional education, enlargement of professional services, salaries, personnel policies, and to the structure and function of the associations themselves.

The place of research in the curricula and services of schools of nursing is another aspect of institutional research being examined today with real concern. The community tends to look to the schools to provide leadership in the field of research, as much of the institutional research already accomplished has been done by members of school faculties. There are dangers, however, when this attitude goes further and the community looks to the students of schools of nursing as a means of getting the research done, as well as of providing the leadership. Student research should serve, primarily, as an aid to the student—a part of the learning process. Hence, the project will be of greater value to the student if it concerns a problem of special significance to her and if it is chosen with a view to her peculiar needs in the learning situation. A thesis is designed to help the student to see research as an integral part of her own and of the institution's task and to help her become alert to the research implications of practice. This may imply that the important point in student research is not its particular value to the community or to the profession but that its function is primarily to provide experience that will enable the student to contribute later as a professional worker.

The role of the school in respect to such research is, therefore, to give to the students and to others that description of purpose and function which brings problems into human focus. Teaching staffs not only offer the systematization of current theory but they may also act as consultants and, in the exercise of their responsibilities, contribute largely to the development of new insights which, depending upon the choice of the future, may later replace current theory.

SISTER CATHERINE GERARD
Regional Representative
for the Maritimes
Canadian Nurses' Association.

Relationship of Graduate Nurses to the Medical Profession

D. M. Baltzan, M.D., F.R.C.P. (C), F.A.C.P.

This is a perennial item and a perpetual subject for debate. I am not tiring of it. It is becoming obsolete only as an issue of great importance. The task-master, the iron rule, and the bedside sitter principles are all things of the past. The present-day relationship of the graduate nurse to the medical profession seems generally agreeable to the latter. I am surprised that it continues to loom so large in the inquiring nurse's mind. It is in reality a matter of secondary importance. Our teaching proves to you that the primary duty of the graduate nurse is to her patient and the job before her. There was a time when the nurse was occupied only with bedside nursing. Now there are other jobs which call for a qualified nurse. Therefore, one speaks of your obligation to the patient or to a particular service.

It is not so long ago that your profession established itself and gained formal recognition. The humble, merciful services of your forebears date back a long time in history. The rapidity of your ethical and scientific developments is phenomenal. You have arrived on the modern scene with dignity. Each one of you is a trained and conditioned individual in accordance with the disciplines evolved. We are happy we can claim some share in the modelling of the present-day graduate nurse and readily recognize her worth in our common effort. This is our side of the picture.

After these remarks someone should move that we organize a society of mutual admiration. We, the medical profession, would make that motion if we could be sure of your admiration.

Dr. Baltzan presented this material in an address to the nursing staff of St. Paul's Hospital, Saskatoon, where he is Chief of Medicine.

Seriously speaking, we realize that you are appreciative. You sometimes give the impression that you are under the illusion of some fear of us and domination by us. If I am right then you must labor in an atmosphere of subjugation. If you harbor any fear and feel the weight of domination it would seem to me they are self-made. When one is not sure one is afraid. If you are troubled by some uncertainties, I suspect your biggest uncertainty is — what do doctors expect of you? The next big uncertainty is the meaning of their authority. I shall refer to the latter, first.

In the nurse-patient-doctor triangle, the latter is the responsible party by necessity and at law. The total concept is well illustrated by this example: A nurse may hand a wrong medicine to a doctor and the responsibility is his if he employs it. If the doctor hands the wrong medicine to a nurse and she uses it, the responsibility is still the doctor's.

The plan is a pilot and co-pilot arrangement in a common endeavor. If the nurse grasps this commonsense principle she will be governed by the rules and will not be burdened by them. It is not then a master and servant relationship but rather something of a senior and junior partnership. Mutual respect and cooperation in the respective rules is the guiding force.

The nurse's challenge is to match the medical man's competency by competency at two levels — one in directing treatment and the other in carrying out the treatment. Only an insecure doctor tolerates an incompetent nurse. There is no room for personal like or dislikes. I have repeatedly called nurses on private duty in spite of some antipathy and only because of respect for their competency. Favor-

itism is a hobby with which one may take liberties in less serious business. I belong to the school of thought which regards medical practice as serious business. I still regard sickness as a curse and in the very least a great nuisance. Our obligations are to prevent, shorten or cure sickness. The diagnostic approach is more direct, now, but not necessarily strict. We are gradually weaning ourselves off placebo methods and fancy bedside manners which compensated for ignorance, just as we have thrown away the shams of a top hat and gold-handled cane. It is kinder to be effective than it is to be ineffective and kind. To be kind and effective is ideal.

I frequently hear the complaint that the nurse's means for self-expression are crushed; I don't personally believe that. The generalization is surely false. The nurse should thoroughly search inaptitudes on her part which deprive her of the confidence to exercise the freedoms of self-expression which are bountiful for every alert nurse. Some people never acquire the ability to assume great responsibilities. Most people discharge their responsibilities creditably. A lot of us bite off more than we can chew and blame somebody else for our indigestion. To mind one's place is not an act of inferiority. To do so well is, indeed, a mark of superiority.

Please understand that perfection in all of you is not to be expected any more than that every doctor possess it. We, theoretically at least, should be setting the example. I would be biased if I did not make some critical admissions for the purpose of your better understanding. We admit that there are some among us who are muddlers in some way; these readily cast blame on others when their own instructions to nurses are loosely stated. There are others who are very exacting, who drive themselves hard and would rid the vocabulary of the word "blame" as it applies either to themselves or to others. Some doctors you will like and respect. Some you will only respect. Those that you only like and do not respect enough, you will never have look after you. All these things do not matter if you bear in mind again that your primary duty is to your patient and your job. That accomplished, there can be no criticism.

Clinical Teamwork

The nurse's place on the medical team, in accordance with modern demands, is one of increasing importance. You have branched out so very much. I must confine myself to your participations in the clinical field and not your many other activities. If all graduates remained at bedside nursing, I dare say we would not suffer this shortage we have.

Not so long ago, if the nurse were sufficiently attentive, obedient and industrious, she was everything that could be desired. Today, all of this is taken for granted and much more is expected. We take for granted decency. And cruelty is out of the question. These prerequisites were not taken for granted in the not-too-distant past. In addition to good education and respectability you are scientifically trained. Your scientific training is being taken for granted. Not so long ago, orders were left to the nurse in attendance, telling her how to carry them out. We used to rely on her report on the T.P.R. and B.M. Now you can hold forth with ease on the B.P., B.S.R., W.B.C., R.B.C., B.M.R. and the rest of the alphabet. We were contented to learn how comfortable or how miserable the patient had been. That is not enough when you know so much more and the telephone is at your arm's length to report. You are much more fitted for clinical observations. You even know Cheyne-Stokes respiration or Kussmaul's breathing, even if you do not always remember to spell these words correctly. However, diagnosis is not expected of you or an interpretation of a complication.

Nurses today know better some things doctors have forgotten. Doctors were skilled in the art of bedding patients, mixing plasters, preparing enemas, running oxygen tents, detecting acetone breaths and uremic smells, and many more things. Many such

things are a lost art for us.

Circumstances imposed by advances in medicine are forcing another retreat upon us. Our visits with patients in the past were long to make up for lack of precision diagnosis and for impotence in treatment. After the initial examination, I find myself today spending more time going over charts, viewing x-rays, examining laboratory investigations, and digesting nurses' reports. All these things are in the interest of the patient and to his ultimate good. The extras curtail the time spent with each patient on every visit. Sociability is giving way to these scientific demands. The older generation interprets this as a lack of interest. The new generation lives up to the times. Action speaks louder than words. You will hear them say repeatedly on the wards, "Can't you do something quickly?" With your help, the gap can be bridged and you can help compensate for the scientific distractions. You can supply valuable information. We can learn from the chart in some instances more than from the time spent patting the forehead of a patient in delirium.

I would like you to take on this "new look." We depend on your contributions. When you fail we grumble. Your individual efforts within the limits of your obligations are welcomed. It is a mark of confidence when a doctor asks a nurse what she thinks about a given situation. The doctor must act on what he decides. It is a double error when the nurse attempts to do the thinking for the doctor and neglects her own responsibility. Proper decorum adds confidence. At the bedside, in the hallways, and in the presence of a worried family, there should be no fraternization, no first names used, no nicknames and no frivolity. I have already said that sickness is serious. It calls for thoughtfulness and courage in the management of it. An air of hope even in a crisis is a tonic. Humor and light banter before a sufferer is a mockery to him. During convalescence cheerfulness breaks the monotony.

I have mentioned your new requirements in clinical teamwork. The older requirements should be jealously guarded. Tact, grace, and dignity cannot be streamlined.

Giving Information

Space permits me to touch only briefly on information concerning examinations, operations, diagnosis, prognosis, and about doctors and mistakes. I shall now engage in what is currently called an "information please" program.

Examinations: The nurse can be very helpful in explaining to the patient the procedures. I have noted many times that nurses have the faculty to put patients at ease and make them much more cooperative. That is a very important function. The objects of the examination may be fully explained but no hint should be given of any pathology which the examiner has in mind. He rarely mentions the possibilities in advance. The nurse must use the same restraint. The patient is sufficiently worried and there is no need to add to his worries in this interval.

Information about a surgical operation: The nurse frequently finds herself in a tight spot. It is unbelievable when she tries to be politely evasive and says, "I don't know." Your best answer is to say "the surgeon told me" and then quote him. Convey the information which he wants you to impart. There is nothing secretive in this act. Different versions are avoided. People have the right to know the details and that right is not denied them. The exact information should come from the responsible source. The surgeon alone can properly emphasize the important feature and meaning.

Information about a diagnosis: There is so much to be said that it is an injustice to condense the advice in a few words. I maintained for a long time that the nurse in attendance must know the trouble which she is engaged to help remedy. She can more intelligently care for her patient. My tip to the nurse is again to answer questions about diagnosis by saying, "The doctor tells me, etc., etc." and avoid

harm inflicted by wrong impressions wherever possible. For instance a diagnosis of an angina pectoris may be made. At once the name strikes horror in the minds of those concerned. But angina pectoris may be mild, severe or critical. With the first grade one may live 30 years and with the last one may fail to see another day. The patient, and certainly the nearest relative, is entitled to know all the facts discreetly stated. The restraint does not impair the regard for the nurse. Injudicious statements and contradictions will certainly do so.

This is analogous to procedure in other lines of endeavor. Directors of large business corporations do not all make separate announcements of policies, etc. Some may be delegated to do so or it is left entirely to the chairman. The same rule applies to disclosures about diagnosis.

Information about prognosis: It is best to be as guarded as possible about this problem. The longer one practises medicine, the more surely one learns that uncertainties are most certain. One should not inflict anxieties about complications which might arise during the course of an illness. One should not attempt to predict how long some incurable may live. I encounter many times wishful thinking and lingering hopes in the minds and hearts of relatives and friends so long as the spark of life lasts. This is a natural human survival instinct which should not be denied. I do not recall anything mischievous on the part of a nurse in respect to prognosis but I have known many meddlesome interferences in relation to diagnoses.

Information about doctors: This is a touchy point with graduate nurses and doctors. It is a delicate point, too. In her professional activities a nurse can speak of anyone she knows in terms of being a recognized surgeon, obstetrician or competent practitioner, etc. Personal opinions should not be expressed except when it may pertain to some member of her own family. Experience shows that a nurse's impression is too often based on nothing more substantial than personal regard. Need I say more than that amiability and skill are two different qualities.

Advice is often sought in case of some dissatisfaction with the attending doctor. The nurse in attendance must show understanding and sympathy. The best the nurse can do is to explain to the patient or friends that it is their privilege to express their wishes directly to the attending doctor. My guess is that a nurse who takes liberties lightly in giving opinions soon finds fewer and fewer who pay attention to her. The ethics we practise are not designed to infringe on the rights of an individual. The principles of the code are intended to promote harmony in the conduct between doctor and doctor, doctor and patient, and the profession and public.

The nurse is often asked who is a good doctor or who is the best doctor. It is a reasonable question and a logical answer is expected. It is not so easy to answer when in our daily contacts with the sick and dependents we witness so many things which do not seem to make sense. A physician may be the most effective and inspiring in the territory for one person and undesirable and ineffective to someone else. Many people are satisfied with pain-killers only. Others are wiser and will not be content until the root of the pain is removed. There are doctors, too, who are inclined to this view up to a point and discharge their obligations to the patient's satisfaction. So doctors and patients seem to match. It is rightly said that people usually get the kind of treatment they seek. In the same sense the doctor gets the kind of reputation he earns.

Lastly, in this "information please" portion, is the question of *errors in medication*. The legal aspects are not for me to discuss. Always bear in mind that you *administer* a medicine and never dish it out. Remember each time you give a patient a pill or a teaspoonful of medicine, that the drug can act as a poison. A mistake is outright carelessness. Double-check every time. If you have any doubt, ask before you act. No doctor will blame you for ignorance in seeking information. He

will congratulate you for your wisdom and flatter himself that he has the help of a trustworthy nurse. If the directions for treatment are inadequate, you must make sure before you proceed. Written and signed orders or instructions are theoretically ideal but usually impracticable, considering some handwritings!

An Allegory

Once mention of venereal disease was taboo. In the best society the subject was never mentioned. References to the problem were made in disguised terms. Now all the words are printable and freely used in parlor conversation. Good has come of this. The challenge offered by these diseases is openly met and their eradication is a possibility.

We have preached idealism in our profession but there was always the trickle of an undercurrent of something never expressed in a classroom or in public. The economic side of your existence as of our existence was taboo as a topic for open forum. It was like the venereal diseases, something to hide.

Today the lid is off but the pot must not be allowed to boil over. This necessary part of our existence may be fairly and squarely examined. We must not forget that we are traditionally and fundamentally idealists and sentimentalists and not commercialists. Let me remind you the learned professions are law, medicine, and theology. Mother Eve came from Adam's rib. You little Evas are derived from the body of medicine and inherit its spirit. In the contemporary labor market paradise, be mindful of the way you handle the dollar apple!

In the Good Old Days

(*The Canadian Nurse*—May 1913)

"Are our hospitals practical from a working standpoint? . . . Doctors, trustees, architects are obviously not in a position to appreciate all the working needs of a hospital for the simple reason that, usually, they have never worked in one. Yet they are the persons upon whom we must depend for the planning of our hospitals . . . very seldom is a superintendent seriously consulted in matters concerning which she alone knows the answers. Yet she will be expected to find a way out of difficulties after the error is committed and the building completed."

* * *

"In most of our large cities the care and medical supervision of children commences with the child's advent to our sphere. Very careful observation is kept of it during its first year of life. Baby-rearing centres have been established in order that the dreadful mortality among infants shall be reduced. The results of such institutions have been excellent. When a child becomes 12 months old, however, this desirable supervision ceases until he attains school age. The school doctor unfortunately finds that in the interim of neglect the child has become afflicted with various preventable diseases.

"The time has surely arrived when we should consider seriously the necessity of linking up these two departments of public health service."

* * *

"The membership roll of the Saskatchewan Graduate Nurses' Association now contains names of 36 graduate nurses. Unfortunately, two or three of these have left the province."

* * *

"Four times in a child's life the tonsils become enlarged without infection or disease: (1) When the first group of temporary molars appear, at about two years of age; (2) at six years when the first permanent molars erupt; (3) at 12 when the second molars are in active eruption; (4) at 18 when the process is completed. Nurses should learn the years when to expect these teeth and remember their influence on the tonsils that seldom require treatment."

* * *

"I wonder if I might take it upon myself to call attention to the fact that too many nurses are coming west. Living expenses are very high and they often remain idle for weeks. The Calgary Graduate Nurses' Association has 130 nurses on its registry and often 50 of these are idle."

Rehabilitation Aspects of Nursing

CATHERINE W. PERKINS

EARLY IN FEBRUARY a group of enthusiastic nursing instructors attended an institute sponsored by the Association of Nurses of the Province of Quebec. Dr. Leo Dobrin and Miss Alice Morrissey touched off a dynamic spark when they reviewed the rehabilitation program organized under the Department of Physical Medicine and Rehabilitation of New York University-Bellevue Medical Centre. What is it? How is it different? What does it accomplish?

No one will deny that our understanding of the word "health" has vastly broadened in the past decade. As defined by the World Health Organization, "health" means not merely the absence of disease but presupposes a state of complete physical, mental, and emotional well-being. A healthy person, then, is one who realizes his true capacity in all three directions and continues to function on that level. Since the primary goal of all our nursing care is the restoration of health, it is essential that we should expand the horizons of our nursing programs to include this richer concept of health in our orbit.

It is no longer enough to focus nursing care on the day when the patient can return home cured of the effects of his acute illness. From the moment he comes under our care, our aim must be to have him become as "healthy" as it is within our power to make him — to nurse the patient as a whole, from his bed of acute illness to his return to the community fully restored in personality and capability. This, in brief, is the philosophy of rehabilitation nursing.

There are two aspects of the program, one of which involves chiefly nursing care and the other the combined skills of many workers. The basis and centre of the whole concept is the provision of superb nursing care, with careful attention to many seemingly extraneous details: the prevention of deformities; good body mechanics and posturing; the prevention and care of decubitus ulcers; prevention and control of incontinence and its consequent discomfort and unpleasantness; judicious use of exercise therapy; and the teaching of such daily living activities as will make the patient self-sufficient and independent.

The psychological aspects of illness are given very careful consideration in evolving the plan for total care. As the nurse is the person most closely associated with the patient, it is stressed that her attitude will have a vivid effect on his physical well-being. It is an essential part of the nursing care that she take time to talk to the patient and let him talk to her. In severe physical disabilities the many adjustments necessary require special thought and provision because of the psychological trauma involved. Consider the psychological implications of being dependent on one of the other sex for the bedpan; dependence on being fed, with the regular reminders of that dependence three times a day; the frustration of being dependent even in such simple acts as turning in bed, dressing, and carrying out ordinary toilet habits.

Rehabilitation nursing starts on the first day of illness, just as soon as the patient can be taught to do anything for himself. In cases of amputation, his rehabilitation may start by teaching him *before* operation the techniques of crutch-walking, special exercises, and those activities he will need after the surgery. One exceedingly important point in the nursing care of the amputee is the new emphasis that warns against the use of pillows to keep a

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Miss Perkins was recorder for the Institute on Rehabilitation held in Montreal during the first week of February.

joint flexed. There is consequent danger of producing a fixed joint, which in turn would require further treatment to restore its function.

If the patient's needs are met on the physical side *only* his rehabilitation will be far from complete. It requires the coordinated skills of many different workers, centred around the nursing care program, to make the plan truly effective. In the past the services of other workers—a physical therapist, social worker, or psychologist — have been enlisted on behalf of the patient. Heretofore there has been little relation between these services and the nursing care. Even more wasteful is the fact that their own efforts have not been coordinated one with the other. In a plan for total nursing all these services and as many more as may be required are centred around the nursing care program and coordinated by the nursing staff.

The nurse and doctor in joint consultation prepare a daily program for the patient that might include: one hour daily with the physical therapist; two hours weekly with the vocational counsellor; two hours daily for relearning the activities of daily living with the nurse, as well as the time necessary for his nursing needs; some time for conference with the social worker; occupational therapy directed towards his future vocation; and time with the psychologist to help the patient with his adjustment to his new way of living. All these persons meet together weekly to report on, and discuss the patient's progress.

Thus everyone concerned with the patient learns how far he has progressed in all the other areas. In the case of a paraplegic, for instance, the nurse might report the degree of skill attained in getting in and out of a wheel chair; the social worker might discuss his home conditions and the bearing they have on the way he feels about his illness; the psychologist contributes his findings regarding the patient's basic conflicts and tensions. In the same manner the physical therapist, vocational counsellor, and any others called in discuss the progress made, the next problems to be met, and the proposed plans for further treatment. The nurse in charge acts as coordinator for these conferences thus keeping all of the activities centred in the nursing program.

Dramatic evidences of the value and problems of rehabilitation nursing are seen in the following illustrations:

A man of 32 years had had loss of function of the left leg since an attack of poliomyelitis at age 13. The muscles were completely atrophied, the knee in flexion, with marked foot-drop. He had a homemade brace that enabled him to walk awkwardly and with difficulty. His admission to the rehabilitation centre posed the difficult philosophical question of what to do with a non-functioning limb that was still anatomically complete? In this case a below-the-knee amputation was done and a prosthesis fitted. He was able to walk naturally for the first time in 19 years.

Another patient, a woman, had been waited on completely by her family for 32 years following poliomyelitis at 15 months. The only shred of independence left her was her ability to use three fingers of each hand for knitting. She could produce a sweater a month, thus earning $5.00. After six months' treatment at the rehabilitation centre it was possible to place her in a job where she was earning $180 a month. Going to work in a taxi, this was her very first experience of living — of being economically independent. Here were 32 wasted years — years of being a burden psychologically, financially, and physically. The damage done both to the patient and her family cannot be estimated. The real tragedy is that this shameful waste of human personality and capacity could have been prevented by earlier care of this kind.

In our hospitals today there are many such cases of unnecessary disability. Let us see to it that in our own nursing no patient leaves our care with a needless handicap but, by the diligent exercise of rehabilitation principles, as healthy as it is in our power to make him.

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Hansen's Disease

HANNAH R. LEVIS

AND, behold, there came a leper and worshipped him, saying, "Lord, if thou wilt, thou canst make me clean." And Jesus put forth His hand, and touched him, saying, "I will; be thou clean" and immediately his leprosy was cleansed *(St. Matt. 8:2,3)*.

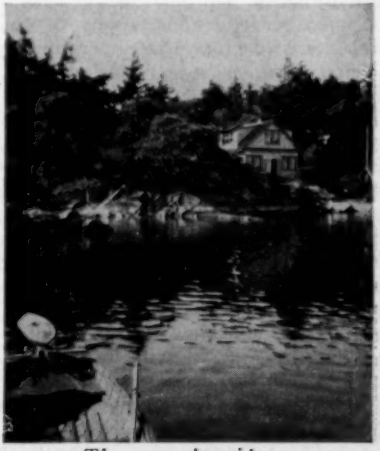
As we read the Scriptures we realize what a terrible disease leprosy was at that time and still is. They knew little then about preventive measures; sanitation was negligible, especially among the poor. The unfortunate afflicted people were cast out of their homes and lived in caves or any shelter they could find. Walking through the city streets, begging, they were forced to carry a bell and cry, "Unclean, unclean."

No doubt many cases were hidden in homes by affectionate relatives with inevitable fresh infections from them, before they were discovered and forced to leave their homes. This still occurs in China, Japan, and Korea, behind the Bamboo Curtain and in many other tropical countries, causing it to be a difficult problem. If this tendency to secrecy could be controlled this dread disease could be almost stamped out in a generation or two, with our modern technique, medications, and segregation.

Mrs. Levis, who is a graduate of the Winnipeg General Hospital, Man., is a very busy person. She is the only nurse on Bentinck Island, with a caretaker to assist her.

The origin of the disease is lost in the midsts of antiquity. Accounts of it are found as early as 1350 B.C. among Negro slaves from the Sudan and the south of Egypt. Records also show that the northern belt of Central Africa is still the most severely affected notwithstanding the progress in present-day civilization.

The disease crept into Europe, after the Crusades, affecting principally Greece, Italy, and Spain. It also showed itself in England, Ireland and Scotland and many other European countries, long before the bacilli of Hansen were discovered. Its decline took place most rapidly in England, where lepers were strictly segregated and were placed outside of London in leper houses.



The nurses' residence

With these strict precautions England was almost free of the disease as early as the 16th century, while it lingered in Scotland and Ireland up to the beginning of the 19th century according to Liveing.

It is rather interesting to note that Peiping issued a decree (757 A.D.) making the marriage of lepers illegal and the disease a cause for divorce.

Leprosy is caused by the *Bacillus leprae*, discovered by Hansen in 1873. It is a straight or slightly curved organism resembling a tubercle bacillus. Under the microscope it is almost impossible to distinguish one from the other but *lepra bacilli* are generally found adhering closely together in large bunches described as "cigar bundles."

An immense amount of research has been done since Hansen discovered the bacilli, without yet having found the manner in which the organism passes from the diseased to the healthy person. There are theories that transmission of the disease to healthy persons may be by fleas and mosquitoes; bugs from leper huts have been found to carry the bacilli. Slowly and insidiously this loathsome disease spreads through the human body. No other medium has so far been found to cultivate the organism and this 80 years after its discovery. In many cases the diagnosis of leprosy is confirmed without finding the organism.

Some striking illustrations of the infection of doctors, while operating on lepers, have been reported by Dr. Ehlers of Copenhagen. A Danish doctor wounded his finger during an obstetrical operation on a leper Negress. In another case a medical man inoculated a wound on his right hand while opening a leper's abscess. The new lesion healed normally but two months later the site of the wound became inflamed and red leprous patches appeared.

Leprosy has a low degree of infectivity as compared with other communicable diseases. From records it appears that the most frequent conditions favoring infections are:

Conjugal, 18.28%; house, 39.84%; attending lepers, 19.87%; close association with lepers, 19.42%; wet-nurse, 1.14%; vaccination, 0.59%.

In Canada the leprosy problem is not a serious one and is well under control. New local cases have been few. Advanced cases or cases where home conditions are unfavorable for segregation are isolated and treated at Tracadie, New Brunswick, or at Bentinck Island near Victoria, British Columbia. If allowed to remain in their homes under medical supervision, lepers must have separate rooms, feeding utensils, clothes, bedding, linen and washing accommodation, while their old clothing and dressings must be burnt. Segregation thus enforced in their own homes depends on the type of case, on the patient's and relatives' cooperation, and on the efficiency of the control.

The incubation period for leprosy is from a few months to ten years. This shows plainly how difficult it is, at times, to make an early diagnosis. These are the known paths by which infection is spread through the body:

(1) Through the lymph spaces; (2) by metastatic spread through the blood stream; (3) by auto-inoculation.

The disease may affect the derma over almost the whole body except for the scalp where it is seldom found. The skin acquires a "crushed tissue-paper" appearance or thick nodules may form, affecting the sensory nerve endings. Sensation is gradually lost. Suppurating lymph glands are found quite frequently affecting mainly the glands of the groin and neck.

The disease may also affect the nerve trunks so that patients are unable to move the part without pain. Pressure applied along the course of the nerve, which is usually found enlarged and thickened, is also very painful. There are nearly always some febrile symptoms. Pain and fever vary with the severity of the reaction, the size of the nerve, and the amount of involvement of the affected nerve. Records show that in some cases of nerve leprosy abscesses form inside nerve trunks, eventually necessitating surgical treatment. As the disease progresses the nerve gradually dies. Atro-

phy and loss of sensation in that part of the body set in.

The mucous membranes of the nose, mouth, and pharynx are frequently involved. The eye is often affected in its superficial and deep structures and enucleation is required in some cases. In a few cases the lungs, liver or spleen may be found diseased. There are many other ways in which leprosy may attack the human body, too numerous to mention them all here.

Much progress has been made in the treatment of leprosy. Hydnocarpus (chaulmoogra) oil is still used to help speed up recovery and is usually given intramuscularly in increasing dosages. The new Sulfone group of drugs is used widely with good results.

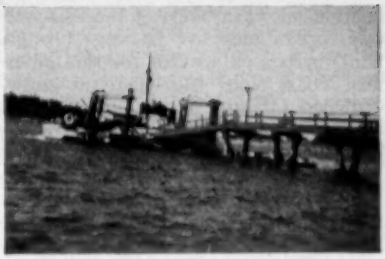
Sulfone drugs in use—Promin, Diasone and Sulfetrone—appear to be identical in efficiency. The following dosage is used for Diasone, administered in tablet form after meals:

1st week—0.3 gm. (1 tablet) daily for 6 days.
2nd week—0.6 gm. (2 tablets) daily for 6 days.
3rd week—0.9 gm. (3 tablets) daily for 6 days.

In the fourth week, and thereafter, the dosage may be increased up to a maximum of six tablets a day (1.8 gm.). The dosage may have to be modified according to the tolerance of the individual. A rest period of one to two weeks should be allowed after every two months of treatment. Dr. Jenkins, in charge of the Quarantine Station at Bentinck Island, gives his patients one-half tablet twice daily without rest periods, with apparently very good results.

Sulfone medication is always accompanied by continuous administration of iron and Vitamin-B Complex. The patient is given plenty of fluids. In addition to the medicine a good general diet is provided besides plenty of rest. Attention is also paid to the social, psychological, and spiritual environment which is a great help to these patients.

Toxicity has to be carefully watched as all Sulfone drugs are potentially hematoxic. Anemia may result or they



Arrival of mail and supplies

may affect the renal functions. Systematic tests of the patient's urine are made from albumin and blood urea.

If the patient shows steady improvement, monthly skin and blood serum tests are made. If the patient has no skin lesions a small section may be taken from the mucous membrane of the nose. An acid-fast test and examination under the microscope reveals the existence or non-existence of *Bacilli leprae*. If the 12th test proves negative the patient is considered non-infectious and is allowed to return to his home where he is kept under strict observation and periodically visited by the medical health officer.

Last but not least I would like to give my patient readers a description of Bentinck Island. It is situated at the southern tip of Vancouver Island and is a veritable little paradise. It covers approximately 120 acres, widely spread and mainly wooded with stately pines, Douglas fir, and arbutus trees which principally fringe the rugged coast. The latter, with their richly colored trunks and evergreen leaves, demand a great deal of admiration. Along a little path, from one side of the Island to the other, the beauty of the woods discloses itself. Wild currant bushes flame with bright red blossoms in early spring. Patches of velvety green moss strike the eye, sprinkled with hundreds of white lilies, with their starry heads nodding in silent reverence during the Easter season. Further on the trees give way and a beautiful panorama unfolds itself. The Pacific Ocean laps a rugged coast at our feet. In the distance on a little rocky island stands Race Rocks Lighthouse with its interesting history, a

sentinel to warn ships of the treacherous waters they are passing through. Still further on we can see the American coast with the beautiful snow-crowned Olympic range of mountains towering into the sky. A little bench made by the patients invites comfort while the eyes feast on all this wonderful scenery.

The patients are housed in comfortable little cottages within easy distance of the nurse's residence. Twice weekly the doctor visits them and often brings visitors and treats appreciated so greatly by the patients. They are well cared for and the isolation does not appear to worry them very much. They enjoy gardening, if able to, and are allowed to keep pets, such as canaries, rabbits, and chickens. One of the patients, totally blind, occupies himself by making shopping bags, mats, and woollen caps which are sent to missionaries in far-off countries to gladden less fortunate lepers' hearts. A 15-year-old Chinese boy studies his lessons daily and dreams of being able to return to his home and school-mates some day. He is making rapid strides towards recovery.

They all have radios and are able to keep in touch with the outside world. They enjoy the Sunday programs of church music and services.

So life goes on for these patients. It is surprising to see how well they have adjusted themselves to a life which seems intolerable to so many.

It Can be Done

VERA O'DACRE

IT HAS BEEN SAID many times that marriage and a nursing career cannot be combined satisfactorily. It is my personal opinion that, given good health, and understanding cooperative husband, and time well organized, it can be done. I have proved this to be so during the past three years.

My home is equipped with many labor-saving devices. Ready-mixes and canned goods plus fresh fruit and vegetables make it possible for me to prepare an appetizing and wholesome meal in a very short time. As well as my husband to prepare meals for, I have three children: 17, 12 and 5 years of age. Also, an 18-year-old high school boy, who is staying with us for the school term and who fits into our family circle very nicely.

I wash on Monday, iron on Tuesday, and do my housecleaning on Friday and Saturday. Here is a typical day. We rise at 7:30 a.m. Breakfast is at 8:00; the children leave for school at 8:30; then I wash the dishes and tidy up the house. I plan dinner for twelve noon. The children help with the dishes afterwards, which gives me a little extra time to rest with the youngest child. I prepare either a cold plate for supper and leave it in the frigidaire or a hot supper dish which I leave in the automatic oven and it is just right about 5:00 p.m. Soup and dessert complete the meal.

My 17-year-old son, who is in Grade XII at high school, gets home about 3:45 p.m. He drives me to the hospital for 4:00 p.m. duty, bringing his little five-year-old sister along for the ride. En route, he calls for his other sister at her school. On arriving home, he takes care of the girls until his father comes from work at 5:00 p.m., for which he receives an extra allowance each week. I believe this gives him a greater sense of responsibility besides fostering a closer friendship between the three children.

Since I live at a considerable distance from the hospital, I find the cost of a taxi prohibitive. I bought a car, which is ideal for getting back and forth and also gives the family many

Mrs. O'Dacre is a general staff nurse at the Pembroke General Hospital, Ont.

pleasant hours together. I choose Friday as my day off, when I give my house a good cleaning in the morning. In the afternoon I do my shopping for the week at the local store. I find the freezing compartment in my frigidaire indispensable for meat. It saves money and many trips to the store.

For the past five years I have edited our Alumnae *News Bulletin,* which is published three times a year. It is gratifying to receive word from time to time from our faraway members telling us how they appreciate such news. During World War II, our graduates overseas received copies of our bulletin regularly, thereby keeping in touch with their beloved Alma Mater—the Lorrain School of Nursing of the Pembroke General Hospital. This hospital nestles in the heart of the Ottawa Valley, commanding a magnificent view of the Ottawa River. Our approved school of nursing is second to none in Canada. In answer to the increasing demands for more accommodation, a new 160-bed hospital is nearing completion. Soon Pembroke and environs will benefit from the increased service this modern edifice will provide.

I am on general duty from 4:00 to 12:00 p.m. on the private floor of our hospital. I truly enjoy nursing. The extra monthly cheque is a great boon to our family budget, making it possible for me not only to offset the rising cost of living but to provide my growing family with many extras we could not otherwise have, besides contributing to the little "nest-egg" we have provided for that "rainy day," should it ever come.

I try to spend as much time as possible with the children. I know that in later years they will not remember how hard I worked but how much I played with them and the good times we had together. Birthdays always call for "something extra special" and I try to make these occasions a happy time for all.

I do not think there is a married nurse anywhere who has not had, at some time or other, a secret ambition to go back to nursing, at least once in a while. The cherished ideals of her youthful years cannot easily be forgotten, and the satisfaction of knowing she can help in some small measure to bring back the bloom of health to suffering humanity is an experience that brings its own reward.

To combine marriage and a nursing career has meant much happiness for me. I thank God for good health and a good partner who has made this adjustment possible.

What Was Lincoln's Secret ?

As Abraham Lincoln lay dying, Secretary of War Stanton looked down at him and said, "There lies the most perfect ruler of men that the world has ever seen."

What was Lincoln's secret? Here it is in his own words:

"It is an old and true maxim," said Lincoln, "that 'a drop of honey catches more flies than a gallon of gall.' So with men—if you would win a man to your cause, first convince him that you are his sincere friend. Therein is a drop of honey that catches his heart; which, say what you will, is the great high road to his reason."

For Lincoln realized, probably more than any other leader, that it is the great heart of man, and not the brain, that controls his destiny. And today, as always, people are ruled by their emotions. If, in trying to win a man to your idea, you antagonize him in the beginning, you shut off all avenues of approach to his reason; and not all the eloquence of a Demosthenes nor the logic of an Immanuel Kant will undo the damage. —*U.N.A. Nursing Journal* (AUSTRALIA).

C.N.A. Biennial at Banff — June . . . 1954!

I Was a Nurse

KATE WATSON

Part I

ONE OF THE foremost problems facing any government administration today is that of providing adequate hospital and nursing services for our steadily growing population, and within their ability to pay.

At the turn of the century, the situation was quite different. It was necessary for most families to care for their own sick members. They accepted responsibility in this matter with equanimity and applied to it that practical common sense with which our forebears were endowed. But changing conditions have made it more and more untenable to care for the sick in their homes, while hospital services provide for those special treatments which it is virtually impossible to administer elsewhere than under favorable conditions.

Thus most hospitals find themselves bursting at the seams and scarcely able to cope with the numerous demands for hospital beds. The nursing situation has been equally problematical on account of the shortage of nurses. A nurse's life is strenuous and one must have a large measure of the spirit of Florence Nightingale, as well as a certain amount of financial security, to enter a training course of three years, which exacts a toll of physical strength and spiritual outgiving. Also so many other trades and professions are open to the woman of today which offer immediate monetary returns, with less expenditure of self. But in nursing, as in all life, the old axiom applies, that life is gained by losing it, and so I think that there are few professions which are so truly soul-satisfying as that of ministering to those who are sick in body and in mind. Giving of one's whole personality is a vital factor in the successful career of any nurse and a most essential part of one's ability to contribute to the eventual recovery of the patient.

One of the interesting experiences of anyone who graduated in the earlier years of nursing is that of looking back upon the changes which have taken place in both hospital and nursing services. In many ways there has been a great amelioration in the working conditions of both student and graduate nurses. Indeed there have been so many changes in the last few decades that the public is in danger of forgetting the pioneering which was done by those who thus had the cause of humanity at heart.

Will you walk with me along the pleasant paths of my own personal experiences, as we recall other times and other ways of life?

It was a beautiful day in the spring of 1914, and the sights and sounds of the big city and the beauty of the budding trees on the wide avenue merely seemed to accentuate that inner excitement which I experienced as I walked up the steps of the great hospital to make a personal application at the office of the superintendent of nurses. I remember still the sense of awesomeness also but this was quickly dissipated by the kindly manner in which I was received. Instructions were given to forward on my return home a character reference from my minister and a certificate of good health from the family doctor. It was a thrilling experience when I found in the mail, a few days later, a letter stating that my application had been favorably considered and would I please report for probationary training on the 14th day of the following month.

The letter contained also a lenghty list of many things required for training—three uniforms made of the distinctive blue and white striped hospital

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Mrs. Watson graduated in 1917 from the Toronto General Hospital School for Nurses and now lives in North Vancouver, B.C.

material, according to a stated pattern of almost ankle length; one dozen aprons of the same length of a substantial weight, white cotton sheeting gathered full to the waistband; one dozen bibs and pairs of cuffs of the same material; as well as many other articles, including a steamer rug. Probationers at that time, as now, were not allowed to wear a cap until their probationary term had expired. It took the family seamstress the full time to complete the extensive wardrobe.

The eventful morning arrived. I was about to begin the great adventure which was to take me away from home for the next three years. It was difficult to say goodbye to home and loved ones but the sudden rush of home sickness was somewhat relieved by anticipation and the consciousness that I was looking quite chic in a new navy blue pin-stripe suit with hobble skirt, which practically confined the ankles to mincing steps and made it necessary in later days to develop a distinctive technique in boarding the streetcars. My blouse was of a fine white lawn, trimmed with insertion and tiny tucks, the high collar of which was held up by celluloid supports and the whole topped by a frilled lace ruching. My smart new shoes were half a size too small. Later they were sacrificed to the common good.

Speaking of shoes reminds me of the Natural Treads of that era. We had scarcely begun training, when the order went out for all nurses to wear black "natural treads" on duty. They reminded me of nothing more than a man's shoe, broad at the toe, flat at the heel, and laced. Fortunately I had great comfort in wearing these during training and tripped about the wards "with the greatest of ease." But afterwards the rule about wearing them had to be modified as they were quite unsuited to the feet of some of the student nurses. They were the subject of some controversy but mostly amused tolerance. Later the shoe company compromised on more popular lines.

Life at the hospital proceeded in the routine manner and the first epochal period of training came when the four

Uniforms and white aprons were almost ankle length

months' probationary term was completed and, one by one, we were called to the office of the superintendent of nurses to receive our caps. When I returned to the ward, a patient who was somewhat of a wag, as well as an artist, handed me a cartoon in which the capped nurse was mostly cap and underneath was the caption, "How it feels when it's new." Needless to say that was a proud day. Now nurses in training receive their caps at an impressive capping and candlelighting ceremony, symbolizing the transference of the spirit of Florence Nightingale from generation to generation of nurses.

Hours on duty at that time were from 7:00 a.m. to 7:00 p.m. Rising gong sounded at 6:00 a.m., breakfast was at 6:30 a.m. If the ward was not too busy, head nurses tried to arrange for two hours off duty at some time in the day but in the winter season various doctors gave a regular course of lectures and frequently off-duty time was consumed in this way. As routine work had to be finished before going off duty, it was not infrequently after 7:00 p.m. when very tired nurses went to their rooms in the nurses' residence. A half day a week off duty was in the regulations, as well as extra Sunday hours. Nurses had to be in residence by 10:00 p.m., except for the occasional late leave. At that time there were no ward aides such as now and nurses in training were responsible for keeping the tap rooms tidy on the female side, as well as the cleaning and weekly boiling of bedpans and handbasins, and the sterilizing of all dressing basins and instruments for the entire ward. Nurses at this time

received no financial remuneration. It was quite a few years afterwards before a small allowance was granted for pin money. I remember that two of the girls in our year bought a suit between them as neither could afford one herself. It worked fine, except when they were invited out together.

I sincerely wanted to keep up my music, both vocal and instrumental, but there was little time or opportunity for practising and frankly I was too tired for extra exertion at the end of a day's work. Besides, there were the inevitable lectures, with the necessity for concentrated study in off-duty hours. I remember several years afterwards when private duty nursing hours were reduced from twelve to eleven. It seemed a wonderful advance even if the nurse frequently felt in duty bound to remain with a very sick patient, until relieved by the other private duty nurse. We little imagined then, that nurses would eventually work on an eight-hour schedule, such as is now generally recognized. I cannot say that I recall any particular complaints about the long hours, however. We seemed to accept the status quo as part of the noble profession. Nurses really took their profession very seriously, though not without some degree of humor and opportunities for recreation, both physical and cultural.

Celluloid supports and lace ruching

There was considerable furore when bobbed hair first came in vogue and one of the nurses in training followed the fashion and had hers cut. She was summoned to the office and verbally reprimanded and temporarily suspended. This was followed by various nurses surreptitiously bobbing their hair and pinning on their switches. On more than one occasion the switch came loose on the ward, with ludicrous results. Eventually conservatism gave way to the march of progress and, in most cases, the nurses who went "modern" looked smarter and younger. I remember, too, the consternation when Lady Nicotine first introduced herself, ever so artfully; but this was a different kind of worriment for those who were the guardians of our morals, because it violated something of the inner spirit of the noble founder of the order of nurses.

Some of the nurses in training at that time will remember when a very serious case of spinal meningitis unexpectedly developed and every one who had in any way contacted the patient was put in isolation until the incubation period of the disease indicated that none had been infected. Several rooms in the basement were set aside for our internment. The assistant superintendent of nurses was especially kind in seeing that the experience was not an unpleasant one for those concerned; and the cook even sent down supplies of sugar and flour and other ingredients extra to the regular menu, so that we might amuse ourselves trying out our culinary skill. Nevertheless, we were glad to get back to work.

The three years passed away "as a tale that is told," even though slow in the passing because of laborious days. But withal they were rich in the satisfactions which are common to any worthwhile service and especially to the medical and nursing professions. There were times when, like the famed

members of the "Light Brigade," "Their's (was) not to reason why, their's but to do and die."

Yet a rigid discipline was tempered with justice and mercy. I have frequently felt in subsequent years that everyone is the better for such discipline, in that it prepares the individual to meet the exigencies of daily living. Personally, I feel that my own acceptance of life has been the more satisfying because of this training.

And so dawned the morn for which every student lives and works and dreams—the day of graduation, with the sense of accomplishment which marks the passing of the old and the beginning of the new. And having dutifully subscribed to the Florence Nightingale Pledge, we went out into the world of personal initiative. Like others of our graduating class, I signed up for military duty but, by 1917, there was a long waiting list and, in due time, the glad tidings came of the termination of the First Great World War.

(To be continued in the June issue)

The Normal Mind

HENRIETTA ANDERSON, PH.D.

WHAT WITH PSYCHOLOGY, psychiatry and the recent impingement of the psychic into modern thinking, it is refreshing to scan bookshelves and come upon a book entitled "The Normal Mind." Verily one had almost doubted that there was such a thing, much less that someone had optimistically written a book on it.

Nurses, like teachers, come so much in contact with the abnormal that it becomes increasingly important to keep one's own thinking clear and healthy and to seek constant refreshing in the natural and beautiful in Nature, literature or wherever it may be found. It can be found despite all efforts to impress us with the sordid and ugly things of life. It is depressing to have a press that will make the most of any morsel of juvenile delinquency or crime and yet remain disinterested in reporting a musical festival involving some thousand of young folk in the same city. It is, however, only fair to add that the press is pandering to the public taste: their very existence demands that they do so.

I have always felt a close bond between the nursing profession and the one to which I have devoted some 40 years of my life. It will be a good day when the teaching profession demands the same degree of training but, apart from that, we have much in common. Perhaps the most important common denominator is the fact of our using human material with which to work.

> Each is given a bag of tools,
> A shapeless mass,
> A book of rules;
> And each must make,
> Ere life is flown,
> A stumbling-block
> Or a stepping-stone.

It is a startling and terrifying thought and places squarely before us a challenge we must accept. We do so in a changed world, no longer governed by rigid rules nor held together by set standards. It is a far cry from days when the young were to be "seen and not heard" and, indeed, not seen if it could be avoided. It seems almost ludicrous to recall that there was a time when adults revolved in an era of

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respect, and were not considered by the average youngster as something of a cross between a nincompoop and a congenital idiot. Let us not blame youth for such changes; we permitted them to happen. Exponents of the modern school of expression are prone to remind us that we would have been just as glad to indulge in orgies of freedom from distressing inhibitions had we been allowed. Of course we would! Youth does not change but the social canons were such that we did not so indulge. The signs following were well known and the retribution would be swift and terrible.

Dealing with the young, whether physical or mental, we have little to fall back upon today. Despite all that modern science or surgery has learned —and we know how wonderful that is —there remains, in the final analysis, little beyond the personal equation to pit against the forces of distress and disruption that daily face us. Parents, teachers, and public workers have gradually lost valiant aids that were very potent in my youth. One was the fear of the Lord, which was most real. I recall a particular cupboard which bore a card on the door notifying any intending culprits, "Thou, God, seest me." Not for anything would I have filched even a prune from that pantry! Then there were certain social standards that one just never dreamed of transgressing. Girls of good middle class families never, to use a Victorian euphemism, "got into trouble." It simply wasn't done and one simply didn't do it. The social consequences were too terrible to contemplate.

Now I am often asked just what is left. Here comes in the personal factor—"the person I conceive myself to be." We try, largely by example, to instil certain fundamental standards and values, live squarely up to them, and pray that somehow they will click through. It was a wise man who said, "I am a part of all I have ever met." How true! Every book I have ever read, every movie I have ever seen, every person I have ever lived with or even met, every conversation I have ever heard, all I have ever been exposed to, go to the making of that *I*, that ego, that represents me.

The example must be daily, hourly. Students in the Normal School used to start a discussion on whether it is the duty of the teacher to include character training in her daily lessons —a futile discussion to which there is no straight answer, except the one that no teacher can avoid teaching character from the minute she steps in front of the class. Some say the church has failed us. If so, it might be because its teachings have somehow failed to carry through all the days of the week. Prayers have too often been like those of the business man who, while pressed for time, felt something was owing the Almighty. He had an illuminated copy of the Lord's Prayer hung at the foot of his bed and, as he leapt out each morning, he nodded towards it and said, "Them's my sentiments, Lord."

No, probably one of the biggest lacks in the world right now is pure, personal integrity and sincere honesty of purpose. One hears too much of the search for *Truth*. I never have had the slightest difficulty in *knowing* the *Truth*. My difficulty was in taking myself by the scruff of the neck and the seat of the snuggies and *facing up to it*. Where can we get help and inspiration? Perhaps these things could be suggested:

1. *A real belief in yourself and your job*. The world takes you largely at your own valuation. Value yourself highly but see you live up to your own valuation. It is a wonderful thing to spend a life in a job that you believe to be the grandest in the world. You lay it down with the same zest with which you took it up and yearn after it with a sick, nostalgic longing.

2. *A real belief in the innate goodness of folk in general*. They say in my country, "We're a' Rab Tamson's bairns." We cannot carry our daily load unless we believe the people we are working for are really worth working for. By and large, they really are.

3. *A real belief in personal philosophy*—spiritual or purely ethical. Even a grade eight youngster can sense a belief that he may expect to get out of

life just what he is prepared to put into it. Or that he can get almost anything out of life if he is prepared to pay the price, which need not necessarily be in cash. "Would that include a husband?" I have been asked. Certainly.

Here is a prayer, not to hang at the foot of your bed but to memorize and live by till you find a better one.

Give me a good digestion, Lord, and also something to digest.

Give me a healthy body, Lord, with sense enough to keep it at its best.

Give me a healthy mind, good Lord, to keep the good and pure in sight,

Which, seeing sin, is not appalled, but finds a way to set it right.

Give me a mind that is not bound, that does not whimper, whine or sigh.

Don't let me worry overmuch about the fussy thing called "I".

Give me a sense of humor, Lord; give me the grace to see a joke,

To get some happiness out of life and pass it on to other folk.

Scoliosis

MYRL E. SKINNER

LATERAL CURVATURE of the spine, or scoliosis, consists essentially of a persistent deviation of some or all of the vertebrae from the midline of the body. This lateral displacement of the spinal column forms one part of the deformity. The other consists of a rotation of each of the displaced vertebrae to a varying degree. The rotation occurs round an axis passing down the spinal canal, the vertebral bodies rotating through a larger arc than their spinous processes, which remain nearer the midline of the body.

This condition is most commonly found in children between the ages of 10 and 16 years and is usually without symptoms until the deformity reaches an extreme stage. *Fig. 1* and *2* show anterior and posterior views of a typical case of scoliosis. There is usually more than one curve with second or compensatory curves in the opposite direction to the primary curve. For example, if a primary curve is to the right in the thoracic region, there is a second curve to the left in the lumbar and cervical regions. While it may be difficult to decide on the primary curve it is usually possible to decide which is the important one for treatment. When the predominating curve has been treated, the secondary ones do not give any trouble as their deformity is not as fixed as that of the original curve since the latter is of longer duration.

There are two distinct types of scoliosis: postural, or mobile, and structural.

POSTURAL SCOLIOSIS

This is a side-to-side spinal curve, usually single, extending from the cervicodorsal region to the lumbosacral angle. It is a gradual curve and within the limits of physiological mobility and posture. There are no permanent changes in vertebrae or discs. In most cases the curve is convex to the left. This form of scoliosis is only a temporary deformity and disappears in a few years with or without treatment.

Attention should be paid to posture correction, the child being instructed always to hold the erect position. Sitting posture at lessons, both at home and in school, should be correct. Chairs and desk should be of the proper height and lighting well plan-

Miss Skinner is charge nurse of the orthopedic operating theatre at Sunnybrook (D.V.A.) Hospital, Toronto.

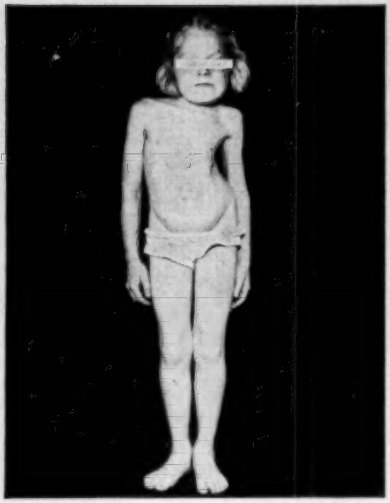


Fig. 1. Anterior view of typical case of scoliosis.

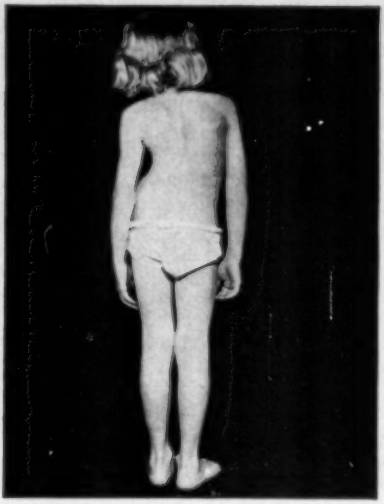


Fig. 2. Posterior view of typical case of scoliosis.

All photos courtesy of Hospital for Sick Children, Toronto.

ned. A child will lean towards the light if it is not well placed. Nourishing diet and sufficient rest, combined with enough exercise, are of great importance, too. Children should be watched for the habit of continually standing on one foot or even the common practice of carrying their schoolbag always over the same shoulder. Both these everyday practices tend to cause postural scoliosis.

Treatment consists of building up the child's muscular control to correct the tendency to deformity. Exercises for bending and straightening the back are used. To keep the child's interest these may be practised keeping time to music. Performing these exercises in front of a mirror enables the child to correct his mistakes and also gains his cooperation more fully. Swimming is an exceedingly beneficial form of exercise. At no time should the child's muscles be allowed to become overfatigued. The results of this treatment are generally excellent.

Structural Scoliosis

The causes of structural scoliosis are:

1. Developmental malformation of vertebrae.
2. Developmental malformation of limbs or pelvis.
3. Injuries and diseases of vertebral bodies as in rickets or Pott's disease.
4. Injuries and diseases of limbs in childhood.
5. Paralysis of muscles of spine, shoulder girdle or pelvis as in anterior poliomyelitis.

The last-mentioned cause is one of the most frequent found in the patients who may be seen at the Hospital for Sick Children, Toronto.

The treatment of structural scoliosis is involved and prolonged. A decision must be made as to whether correction can be obtained or whether efforts should be devoted to the prevention of an increase in the deformity already present. If no alteration follows suspension of the patient by the hands then correction at least to the improved position can be effected with suitable treatment. Active treatment consists of three measures:

1. *Exercise:* The aim of exercise is to mobilize the back as much as possible in all directions by stretching and strengthening the muscles and ligaments. General muscular exercise is used first to improve the tone of the spinal musculature. More specialized

exercises are used to lengthen the muscles and tendons on the concave side. As in the case of postural scoliosis the patient should never be overtired by these exercises. If one leg is shorter, a raised shoe should be used to compensate for the shortening and thus keep the pelvis level.

2. *Corrective moulding:* Where body changes are already present complete correction can never be obtained. Improvement in the appearance of the deformity may be produced by a corrective jacket of plaster. The first corrective cast is retained for only a short period followed by a series of casts during the next six months. When the point of greatest correction has been reached the cast is removed. To maintain the position, if correction is almost complete, muscle exercises are started that will aid in the control of the spine.

Generally some support, either external or internal, is necessary to prevent recurrence of the deformity. A simple external support is a removable celluloid cast which maintains the correction obtained by the plaster casts. This cast is removed two or three times a day for short intervals of massage and exercise. This routine should be continued until muscular control of the spine is sufficient to retain the correction. These exercises, and all the exercises carried out for scoliosis patients, should be supervised by a physiotherapist who can regulate the severity of the exercise and can correct the tendency towards slackness often shown by patients when the same routine has to be practised over a long period.

3. *Bony fixations of the spine:* When an increase of the deformity is likely to occur, in spite of any external fixation, a spinal fusion is justifiable. A large proportion of the children seen at the Hospital for Sick Children are found to need a fusion. The bones are usually not fused until the child is 12 to 14 years of age, when true bony fusion is more likely to follow and there is little tendency to recurrence of the deformity.

Before fusion, patients are placed in a fish-net hammock, the two ends of which are slung up to the ceiling by pulleys. The patient lies on his side in this hammock with the upper arm and leg extended and the lower arm extending through a hole in the net. Adjustments are made to correct the primary scoliotic curve. This suspension is made for five minutes for the first few days, increasing the time daily until maximum correction is obtained.

A plaster cast is then applied. The body, with the netting underneath, is protected by a covering of half-inch porous sponge rubber. Over it a single plaster spica cast is extended from the toes up over the upper leg and back, including the patient's head. The lower part of the plaster is applied in much the same manner as a hip spica, extending upwards to just below the axilla. Several turns are then made around the head just above the ears and joined to the plaster at the back by a slab of plaster that is wide enough to allow the upper part of the window, to be made in the cast at the site of operation, to extend into it and strong enough to keep the edges from breaking. The whole length of the upper leg and foot are included. The patient is sometimes placed on the bare bedsprings for a short time to secure a better circulation of air so the cast will dry more quickly.

If more than five vertebrae are to be fused the operation is done in two stages. The fused part of the spine is made into a solid block of bone that

Fig. 3. The cast has been applied.

may not be straight but has its top and bottom surfaces parallel and in line.

These little patients need a great deal of thoughtful nursing care for, even without the actual surgery, their position is most uncomfortable. If possible the patient's hair should be cut very short before the plaster is applied. The child will be in this cast for about three and a half months and a shampoo is out of the question. The scalp may be rubbed with alcohol as a refreshing treatment. *Fig. 3* shows the position in the cast. Massage of the neck is necessary as this is a very difficult and tiring position until the patient becomes accustomed to it. Hand hair-driers may be used to blow down inside the cast to cool the patient. The usual routine care of people in plaster casts should be followed. All the cast edges should be protected from cracking and from moisture. Bony prominences should be padded. Balkan frames for the bed make for easier movement of the patient. A mirror attached to the bed aids in the care and entertainment of the child.

After surgery they are kept very quiet for at least two weeks. When the sutures are removed the window in the back of the cast is closed and the patient may be allowed to go home. Parents should be told that the child is not to be considered ill and, therefore, not to be babied or spoiled. They can be allowed to do household chores, such as preparing vegetables or polishing silver, for example. This enables them to feel useful and part of family life. Their mental attitude is to be considered of prime importance as their convalescence is a long one. Care should be taken to see that the child does not get behind in his schooling. This can be overcome by having a visiting teacher or even by correspondence courses. There should also be some form of occupational therapy. This is provided or directed by hospital personnel in many cases.

Of the two types of scoliosis, postural and structural, the structural type is the one requiring the most nursing care and entailing the most difficult treatment. As the convalescence is prolonged the best possible physical and mental health must be maintained. This is accomplished by the combined efforts of doctors, nurses, physiotherapists, and social workers.

Canada's Enriched Bread — A Nutritional Insurance

The sale of enriched white bread and enriched vitamin B white bread became legal in Canada this year. These enriched breads are not being introduced to meet any real nutritional need in our country nor in response to any special demand. Authorities on nutrition have assured us again and again that if our citizens would eat a proper variety of readily obtainable foods, in accordance with *Canada's Food Rules*, there is no reason for a vitamin deficiency in this country.

The federal government's decision to make legal the sale of enriched bread is rather in the nature of insurance against any dietary deficiency which might occur. In practice, far too many people do not take time out to eat properly balanced meals—especially at midday. Living as we do in a constant rush, a sandwich and coffee (while sitting on a high stool with the next person breathing down your collar) has become all too typical. For those who prefer white bread, enrichment acts as a safeguard against a possible nutritional deficiency.

The government regulations for the control of additions to the "staff of life" are specific and somewhat complicated to the lay mind. They are, however, designed to assure a high standard of product and to prevent abuse by any unscrupulous purveyor. These regulations, coupled with the expressed desire of the National Council of the Baking Industry to offer an improved product, should provide a certain nutritional insurance for us all.

The road to distinction must be paved with years of self-denial and hard work.

—Anonymous

Public Health Nursing

Supervision —
From the Point of View of a Staff Nurse

MARGARET MCINTOSH, B.Sc.

To the reader: As a supervisor, you will find that this article is a direct address to you. May it help you to understand the nurses who work with you.

As a staff nurse—whether you are beginning, are in the midst of, or will soon end your active nursing career—may you, in the words that follow, find the thoughts that you have never been able to express.

The one to be supervised in this case is a staff nurse. One must remember at all times that she is a human being who requires individual recognition; that she does not wish to be lost in the midst of the total group. Her personality will allow for a certain amount of adjustment in individual recognition; however, if this need is not fulfilled, she will find a means whereby she will be the main point of focus. Whether this demand for attention will appear in a manner of cooperative efficiency or complete disinterest depends on the type of supervision she receives. It will depend a great deal on the amount of encouragement and understanding the staff nurse receives from the person to whom she is directly responsible.

There is, in the three levels of staff members, a primary need for the supervisor. This need is the urge to confide in a responsible person, a person who is human and from whom there is always a possibility of receiving help and understanding. The nurse wants to feel that, regardless of whether she is right or wrong, there will always be someone who will have the time and, most important, will make time available in order to listen to her. She will derive comfort and feel more self-confident in discussing the situation if she knows in advance that the supervisor will listen first and then together they will analyze the problem. The most distressing of experiences is when you feel that the world rests upon your shoulders; that you are alone with this burden; and most disturbing is the feeling that there is not one person interested enough to stand by your side.

As a newcomer to the staff, the nurse may be new to the supervisor but not to the field of public health. On the other hand, she may have come from another section of the same organization. The consideration and use of this background that is made by the supervisor will be repaid a hundredfold. The feeling of being an asset to the staff heightens the morale and gives a sense of security that can be readily acknowledged by those who have experienced this thoughtful approach.

There is also the new staff member without public health experience who is still a qualified nurse. She has a mind open to receive with refreshing eagerness the principles and practices of this particular organization. This person is able in her own way to raise the morale of the staff and the supervisor by this positive behavior. Though at times she may seem to be almost too exuberant it is more enriching for all concerned, especially the nurse herself, that this quality be controlled rather than subdued.

We may also consider the nurse with many years of service who never ceases

Miss McIntosh is a member of the staff of the Montreal Department of Health.

to need the direction and understanding of a supervisor. The policies and techniques in daily use may be second nature to her; however, a feeling of insecurity, depending on the background of the nurse, may develop as the years progress. There is a feeling of anxiety concerning the more recent staff members with their apparent wealth of information and abundant physical and mental energy. This anxiety may appear either in the form of overwork, in order to surpass the efforts of the younger nurse, or as a seeming lack of interest that could be a form of discouragement.

A remedy for this state of mind might be found in staff education projects within or without the jurisdiction of the organization. In this manner the background of the nurse might be brought up to date in a tactful yet beneficial way. In addition to the technical side, this nurse should also receive attention for personal reasons. By this I mean that there is a certain amount of respect and deference due to a person because of her seniority. This treatment by the supervisor and the members of the staff should not progress to the point that the nurse feels she is on a higher level because of age. Rather, in many ways, she will sense that there is respect for her opinions. The latter point alone is enough to strengthen the morale of many individuals who view with fear the years ahead.

The person who is frequently left alone as she daily plods along is the nurse who has had several years of experience with the organization. This practice of laissez-faire many times results in an attitude of overassurance on the part of the nurse. Her understanding of the policies and practices of the department may become confused with her own particular ideas. This person, therefore, to whom many responsibilities may be delegated, requires help in righting her point of view. In this case assistance should be given in a manner that will not injure her morale by degrading her in her own eyes or in the eyes of her co-workers. Once more staff education may serve a useful purpose.

There are times when the nurse, generally speaking, may feel that the supervisor holds a police membership. This impression is given by the supervisor as she appears to be constantly in the vicinity of the staff. A nurse may wish to have a responsible person on whom she can rely in time of need but she does not feel that she must be followed in each step she undertakes.

In public health nursing, the nurse is given freedom for self-expression within certain limits. There is usually a point of contact between the nurse and the supervisor when direction is given for the program to be followed. This contact varies in frequency according to the size and locale of the organization. The basic factor that remains constant is that the nurse in this type of work is given initiative to fulfil the trust placed in her by her superiors. The trust is based on the fact that, as a public health nurse, she is able to carry out the program assigned to her.

We may say that public health nursing allows for development of initiative but there is one factor that destroys initiative—oversupervision. The seemingly endless round of direct questions, such as, "Did you do that yet?", "What have you been doing?" or "Why did you not do this?"—all the whys and wherefores that may be delivered without realizing the frequency of their repetition—soon overwhelm the nurse with the power of an avalanche. A feeling of insecurity develops in the form of doubts regarding her capacity for her work and her personality. As these festering doubts become more imbedded the nurse begins to respond in the manner demanded of her. She may call on the supervisor for every item that crosses her path. She will no longer have confidence in her own ability to make decisions. The supervisor in turn will feel that this nurse is demanding too much of her time. The responsibilities originally delegated to her will be given to an apparently more reliable person. The final outcome of this complex situation can be tragic. The nurse

may become overanxious to the point of being a neurotic. She may leave her position with a feeling of being a failure or she may remain as a completely dissatisfied member who can readily spread unrest throughout the staff.

We may say that if the supervisor had a better rapport with her staff this situation need not arise. This is not always the case. However, at the first sign of unrest the supervisor would do well to make an opportunity of speaking with this person in order to find the cause for her present behavior. The following possibilities could be reviewed:

1. That the nurse may not be in good health.
2. That her personal life may be far from ideal.
3. That her understanding of the policies of the organization may need clarifying.

Though the cause of unrest may be found, the manner of finding an opportune moment to meet the nurse is another question. For the majority of people, one is able to think and discuss a situation more clearly away from familiar surroundings. An atmosphere more conducive to good rapport and constructive thought might be realized if the meeting were planned outside of working hours in congenial surroundings. With one or all of these points cleared, the supervisor will then have a more complete picture of the physical and mental capabilities of the nurse in question. In the future, a better understanding of this person will be developed not only in the supervisor but also on the part of the nurse herself. With this understanding, the nurse will be better able to analyze her own thoughts in relation to the regulations of the organization. The main point to remember in this situation is that tension is relieved in a majority of cases when an individual is able to review the picture with the help of a dependable person. On many occasions the solution comes from the staff nurse herself though she could not, alone, surmount the obstacle.

The axiom "Ask, and it shall be given you" is one that many follow very often to the extreme. There are, however, a minority who have never heard this. They are the individuals who faithfully perform their daily tasks without questions. They neither ask nor do they receive. They are too often taken for granted. Recognition, in many cases, comes to them after they have left our midst. Though they do their work efficiently, they too need reassurance. They need encouragement to enlarge their fund of knowledge and to continue their good work. That the supervisor is aware of their efforts may be shown through comments on the quality of their work, on new ideas, or on plans that are actually being tried. The satisfaction that this person will derive from the slightest form of attention from her superior will be touchingly apparent. The benefit to such an individual trebles that received by any other member of the staff.

(To be concluded in the June issue)

Nursing Sisters' Association

At the annual meeting of the *London Unit* the following officers were elected for the coming year: Honorary president, M. McLaren; president, Mrs. J. A. Moran; vice-presidents, Mrs. J. H. Beattie, M. Smith; secretary, A. Campbell; treasurer, T. Aitken; representative to Local Council of Women, D. Birrell. The past president is E. A. Cahill.

The unit is placing a Baptismal Font in the chapel at Sunnybrook Hospital, Toronto, as a memorial to the late Agnes C. Neill. Plans have also been made for the annual bridge at Westminster Hospital.

Banff in '54! — O.K.! . . . We'll be there!

The Cause and Treatment of Leg Ulcers

A recent article in the *Lancet* by a dermatologist, Dr. S. T. Anning of Leeds, has reviewed the etiology and treatment of leg ulcers. He regards the leg ulcer and its concomitants — edema, induration, sclerosis, and pigmentation — as primarily due to failure of the leg muscle pump, which is the principal agent ensuring the return of blood to the heart from the lower extremities. This failure may be due to any one of several things, such as long hours of standing or arthritis of the knees or ankles, which causes the calf muscles to be little used. Many clinicians have related poor circulation in the legs to occupations which involve standing, though another correspondent in the *Lancet* draws attention to the fact that the calf muscles are even less used by those who sit all day.

Failure of the leg muscle pump may also be due to obstruction of the path of the returning blood as in thrombosis of the deep veins of the leg, which normally carry the bulk of the returning blood. Such thrombosis often follows injury, operation or childbirth and it stimulates a dilatation and multiplication of the superficial venous channels — a secondary varicosity. Superficial varicosities, whether secondary in this way to a deep thrombosis, or primary in those predisposed by heredity to the condition, are less affected by the operation of the leg muscle pump, and consequently all the effects of a poor venous return are liable soon to make their appearance.

It is worth noting that it is chronic venous insufficiency, not edema, which is antecedent to ulceration, induration, and pigmentation. In edema, whether of cardiac origin, of renal disease, or of lymphatic obstruction, there is no tendency to ulceration and neither is there induration or pigmentation. The probable reason is that in these conditions the venous and capillary pressures are not, or not much, raised. In venous insufficiency, on the other hand the venous pressure is much raised — by 50 mm. Hg. or more. This back pressure damages the capillary walls and leads to a leakage of fluid containing protein and red blood cells. It is the organization of this fluid which produces the induration, while the red blood cells account for the pigmentation.

As to treatment, it is of paramount importance to prevent thrombosis of the deep veins, and exercises for post-operative patients and for parturient women are a useful prophylactic measure. There is also a place for the use of anticoagulants in cases where thrombosis has already occurred. But Dr. Anning, as other observers have done, lays great stress on adequate compression of the superficial tissues. This abolishes the superficial edema and allows the leg muscle pump to regain its effectiveness. Many an ulcer will heal with no other treatment than adequate compression; but it is an essential part of the treatment that the patient should use his calf muscles, should, that is to say, keep moving.

Various means of compressing the legs have from time to time been devised. Wiseman introduced in 1676 a laced leather stocking, and Underwood in 1783 wrote in favor of bandaging with "Welch flannel" because it was elastic. Elastic adhesive bandages, properly and carefully applied, are the basis of the modern methods of compression treatment. The details of application vary according to the taste of different workers. They may be applied directly to the skin or over a medicated bandage such as "Viscopaste" or "Ichthopaste." The skin may be protected from the effects of irritation by painting it with 1% aqueous solution of gentian violet, or the bandage may be reversed with the sticky side outermost and the adhesive spread neutralized by being rubbed with cotton wool.

Local treatments may also be applied to the ulcer itself, with the object of countering the secondary infection which is almost always present. By and large it may be said that these local treatments need not be long continued if proper steps are taken to restore, as far as may be, the defective venous circulation. This must always be the first consideration. It is an unfortunate fact that unless the aftercare of these patients is as thorough as the initial treatment, a high proportion of the ulcers will reappear.

Institutional Nursing

In-Service Education Program

AMY E. GRIFFIN

TODAY MUCH IMPORTANCE is placed on the team concept of nursing, aimed at improving nursing care for our patients on a more individualized basis. It also influences interpersonal relationships between the various members of staff engaged in that care, in order to better utilize the services of all. This is not a new concept in one respect, since essentially our whole hospital personnel comprises one large team working toward the same aim—"optimum patient care" with attention focussed on the patient.

In this larger team is one of the most important people, who stands at the crossroads of all departments within the hospital — the head nurse. It is she, of all the supervisory staff, who is most constantly and intimately in touch with our patients. The administration depends upon her as their consistently courteous, efficient representative. Each patient expects her personal interest and depends on her as surely as they do their doctor.

In a hospital where a school of nursing exists she is, or should be, the teacher who is on the very spot where the most effective teaching can be done in connection with the application of care to one specific patient. For her there is the challenge of planning student assignments, directing and supervising their performance, and finding the innumerable opportunities for incidental and planned teaching. Whether she is aided in this teaching program by clinical instructors or supervisors will affect to some extent the degree to which the head nurse is responsible for student education. Nevertheless, the very fact that she is in charge of the ward where the students are receiving experience greatly influences their progress for better or for worse.

The head nurse acts as a liaison officer with every department in the hospital. She is required to know an infinite amount of detail regarding the functioning of each as it impinges on her own ward. Her service to the doctors presents further responsibilities. In their absence they expect her to be their eyes and ears. In their presence they want her to be for each a specialized assistant. Finally, under her we place a great variety of workers whom she is required to direct and often train. Is it little wonder that many times she feels like the proverbial little old lady who lived in a shoe?

Into this involved position we are constantly, of necessity, placing graduate nurses, many of them very new, frequently without suitable preparation for the responsibilities entailed in this work. More often than not she is without adequate staff, either qualitatively or quantitatively, to meet the situation. Because we realized that it is better to instruct and guide than to criticize our staff education program has been designed not only to help our head nurses to be more fully aware of the totality of their task, but to give recognition of its magnitude. Above all, we are trying to give them concrete suggestions regarding the facilitation of their work.

The program is planned in June for the succeeding year. It is outlined in topic form for each monthly staff meeting. A reference reading list is prepared for those whom we anticipate will be participating. This reference material is made available immediately. Conferences are held previous to the preparation and presentation of each

Miss Griffin is director of nursing education at the Oshawa (Ont.) General Hospital.

topic in order to make sure that the material in each is applicable and that it helps to develop the total picture we are attempting to present. The topics during this past year included:

1. The threefold responsibilities of the head nurse, her place in the organization of the hospital — presented by the nursing arts instructor.

2. What the head nurse means to the administrative staff — how she can best cooperate with it — presented by the director of nursing service and the hospital supervisors. In connection with this topic as well, an outside lecturer addressed an evening staff meeting on the topic "Administration."

3. What the head nurse means to the teaching department:

   (a) How she fits into the classroom picture.

   (b) How she fits into the ward teaching program — presented by one classroom instructor and one clinical instructor.

4. The head nurse as related to the clinical instructor in special departments — obstetrics, operating room, surgical supply — presented by the supervisors in these departments.

5. How the head nurse may best cooperate with the diet kitchen, the dispensary, the accounting office, the housekeeping department — presented by the supervisor of each unit.

6. What the head nurse means to the student and new graduate — presented by two recent graduates and one assistant head nurse with one year's experience.

7. What the head nurse may do to prepare her patient for return to home and community life; how she can cooperate with community services — presented by the supervisors in public health nursing, V.O.N., and Red Cross Homemaking.

8. The head nurse in the Oshawa General Hospital: her aims, satisfactions, problems — presented by a head nurse with ten years' experience in this hospital.

9. The head nurse's responsibility to herself and her profession, her personal growth and professional obligations — presented by the superintendent.

It can readily be seen that this program represents cooperative effort on the part of a great many people. This, we feel, was one of its most valuable features. It was, in fact, in-staff education by the staff itself, a combination which almost inevitably must bring results. It has done so. As the year has progressed increasing interest has been displayed. The discussion period following each topic has brought out many valuable points from the head nurses themselves. Moreover, one senses a growing appreciation on their own part of their position, a recognition of the fact that this is their challenge, that their aims should be clear-cut, that their job presents a potential wealth of satisfaction and, above all, that their problems are capable of solution through the cooperative effort of all concerned.

The members of the various departments within the hospital with whom the head nurse is concerned, and those in the community whose service is so closely integrated with our own, welcomed the opportunity to meet with us. From it we are convinced that, by the improvement of interdepartmental and intercommunity relationships, greater efficiency and integration of services can result. Plans are under way for a more adequate referral form for hospital patients to community services and vice versa in order to guarantee continuity of service.

The program is a beginning only but it has called forth a stimulation of thought and action. Not only does it appear to have achieved its initial purpose but from it have come several projects which point the way to further progress. A beginning has been made by three of our head nurses on the task of outlining an orientation program. A "senior term" program of one month has been designed, and put into practice, for selected students nearing graduation to prepare them for assistant head nurse positions. The team concept of nursing has been outlined and discussed and an initial attempt made to put it into practice. Plans are being made to incorporate the material prepared in mimeographed form for

the use of new appointments to the head nurse staff. Moreover, when our head nurses were given an opportunity to attend a brief course on ward administration and supervision, presented at McMaster University School of Nursing, their enthusiasm was splendid. This group later planned an evening of demonstration for all the graduate staff in order to promote the many constructive ideas they had gained which are applicable in our situation. Finally, our program has convinced at least one head nurse of the desirability of university education.

If our staff can continue to feel the unity of purpose for which all our departments are organized; if our head nurses can sense the challenge which their job presents and continue to strive to meet that challenge; and if, as a group, they have the assurance that the administrative and teaching departments not only appreciate the value of the head nurses' contribution but recognize their efforts on their behalf, then we shall be satisfied we have sown seeds on fruitful ground. Therein will lie the encouragement to till the ground, to sow the seed, and to reap the harvest as season follows season.

Hospital Institutes in Saskatchewan

The two institutes held recently in Saskatchewan were attended by hospital people from all parts of the province. Many travelled long distances to take part in the sessions and hospitals, both large and small, were well represented. Special separate workshops were held for administrators and accountants, superintendents of nursing, and trustees. The total registration was 293, of which 112 were administrators and accountants, 96 superintendents of nursing, and 85 trustees.

The institutes were opened by the Hon. J. T. Bentley, Minister of Health for Saskatchewan. In the general sessions, the following papers were among those presented:

The Canadian Hospital Accounting Manual — Donald M. MacIntyre, assistant secretary, Canadian Hospital Council; Some Sanitary Engineering Problems in Rural Hospitals — J. G. Schaeffer, director, Division of Sanitation, Dept. of Public Health; Work Planning and Scheduling — J. C. Lee, Supt., Swift Current Union Hospital; Hospital Planning — James Govan, consulting architect, Messrs. Govan, Ferguson, Lindsay and Associates, Toronto; Hospital and Medical Staff By-Laws — Dr. L. O. Bradley, administrator, Calgary General Hospital; How Important are Medical Records? — Dr. Wendell Macleod, Dean, School of Medical Sciences, University of Saskatchewan; Statistical Returns — B. R. Blishen, Dominion Bureau of Statistics; Regionalization of Hospitals — Dr. F. B. Roth, Sask. Deputy Health Minister.

The superintendents of nursing reviewed principles and discussed, among the many topics covered, such subject as: Diet Therapy and Diet Service; Infant Feeding; Nursing Techniques and Procedures; Ward Management; Hospital and Public Health Nursing; Duties of Nurses and Nursing Assistants; and Drug Control Measures.

Photo by W. L. West, Regina

The superintendents of nursing who came to Regina for the hospital institutes.

Aux Infirmières Canadiennes-Françaises

L'Infirmière et la Nutrition

FERNANDE DURAND, M.Sc.

ALIMENTATION, mot très significatif et très important dans la vie de chaque individu puisque de sa qualité dépendra l'état de santé de toute personne, quel que soit son âge.

Les développements toujours grandissants dans le domaine de la nutrition ont prouvé définitivement qu'une alimentation rationnelle s'avère importante à toutes les périodes de la vie y compris la période prénatale. Les effets de déficiences en protéines, sels minéraux ou vitamines sont maintenant connus, de même que les besoins d'éléments nutritifs selon les divers âges et les diverses activités.

Or, pour concrétiser ces connaissances, des spécialistes canadiens en hygiène alimentaire ont élaboré un programme dont les directives sont résumées dans les "Règles Alimentaires au Canada."

Ces règles alimentaires constituent en effet des directives simples mais extrêmement précieuses pour l'infirmière en service hospitalier aussi bien que pour l'infirmière hygiéniste. Dans le domaine de l'alimentation comme dans tout autre, l'uniformité de l'enseignement est essentielle si nous voulons obtenir l'amélioration des habitudes alimentaires de la population. Il va sans dire que pour la nutritioniste ou la diététiste, l'infirmière est une collaboratrice précieuse, voire même indispensable dans ce travail d'éducation.

A l'hôpital, l'infirmière devra seconder de ses conseils et de son encouragement les directives de la diététiste, ses nombreux contacts avec le malade se prêtant particulièrement bien à cet enseignement. L'heure des repas en particulier convient bien à l'enseignement des diètes spéciales, lesquelles sont très importantes dans la guérison des malades. Il est vrai que la diététiste, au cours de sa visite, a expliqué au patient sa diète; cependant, il est essentiel que l'infirmière profite de toutes les occasions pour l'inciter à suivre scrupuleusement la diète préparée *expressément* pour lui. C'est encore l'infirmière qui pourra le mieux se rendre compte si un patient a bien compris ou non la diète qui lui a été prescrite; si des explications supplémentaires sont nécessaires, elle pourra en avertir la diététiste, laquelle aura une nouvelle entrevue avec ce malade. C'est par cette collaboration qu'il sera possible d'accomplir un travail efficace.

Dans le domaine de la nutrition en hygiène publique, l'infirmière a encore là une place de premier plan, servant d'intermédiaire indispensable entre la nutritioniste et le public.

L'infirmière d'un service d'hygiène a en effet des occasions multiples d'enseigner les principes d'une alimentation saine et bien balancée: à l'école, à la consultation ou au cours de la visite à domicile. Or, à cause de la somme considérable de travail qui lui revient, l'infirmière aura peu de temps pour consulter les revues scientifiques; ce sera donc le rôle de la nutritioniste de lui faire part des développements les plus récents qui peuvent l'aider dans son travail d'éducation. Dans un service de santé la nutritioniste jouera d'ailleurs très souvent le rôle de consultante.

Y a-t-il à l'école, par exemple, un projet de classe traitant de nutrition? Alors, l'infirmière qui aidera, par ses conseils, à la réalisation du projet pourra à son tour réclamer l'aide de la nutritioniste du service.

Mlle Durand est nutritioniste au Service de Santé à Montréal, Québec.

Cette dernière aura une entrevue avec l'infirmière et le titulaire de classe pour l'élaboration et les méthodes de réalisation du projet ou bien elle fournira la documentation nécessaire à la préparation de ce travail d'équipe ; elle fournira parfois des affiches murales, des brochures ou des films sur le sujet à l'étude afin d'aider et de promouvoir des efforts aussi louables. Le jour de la présentation du projet, l'infirmière et la nutritioniste marqueront de leur présence l'intérêt qu'elles y portent.

D'autre part pour ses visites à domicile, la nutritioniste fournira à l'infirmière les informations concernant la préparation, la cuisson des aliments de même que leur conservation. Elle préparera également des menus économiques selon les saisons, lesquels pourront être remis aux mamans afin de les aider à assurer leur famille d'une alimentation mieux équilibrée. La nutritioniste donnera aussi à l'infirmière des directives pour l'élaboration du budget familial. Le budget alimentaire recevra, il va sans dire, une attention toute spéciale. Lors de cette visite au foyer, l'infirmière s'intéressera à la diète de chaque membre de la famille, depuis le nourrisson jusqu'au vieillard en passant par l'adolescent et sans oublier le père, qui très souvent apporte son "lunch" à l'usine.

A la consultation prénatale, l'alimentation de la mère sera le sujet d'une des causeries préparées par l'infirmière. Le jour de cette causerie, la nutritioniste y assistera à titre de consultante. Lors des entrevues individuelles, l'infirmière aura également soin d'apporter une attention toute spéciale aux habitudes alimentaires de la mère, lui indiquant bien l'importance pour elle et pour son enfant d'avoir une alimentation bien équilibrée pendant toute la période de sa grossesse.

A la consultation de nourrissons et pour enfants d'âge préscolaire, l'infirmière aura encore là une occasion de faire de l'enseignement en hygiène alimentaire. En effet, il s'agira pour elle de profiter de l'introduction d'un aliment nouveau dans la diète du bébé pour en expliquer la valeur nutritive non seulement pour le nourrisson mais pour les autres membres de la famille, adulte aussi bien qu'enfant et adolescent. Si l'aliment suggéré pour l'enfant n'est pas un aliment habituellement consommé dans la famille, il sera d'autant plus nécessaire d'en indiquer la valeur à la mère afin qu'elle en comprenne toute l'importance comme aliment protecteur de la santé.

A la consultation, l'infirmière devra également faire face aux divers problèmes alimentaires qui apparaissent souvent chez l'enfant pendant la période préscolaire, dont le refus de manger ou de manger certains aliments pour ne citer que ces deux exemples. Or, dans toutes ces circonstances la nutritioniste sera d'un secours précieux pour l'infirmière à qui elle indiquera les méthodes recommandées dans ces cas. Elle ira même, sur rendez-vous, rencontrer la mère à la consultation pour discuter du problème alimentaire de sa famille et l'aider à le résoudre.

Après ce bref exposé du rôle de l'infirmière en nutrition, il convient de souligner une fois de plus l'importance d'une collaboration parfaite entre l'infirmière et la nutritioniste dans l'élaboration et l'exécution d'un programme d'hygiène alimentaire de même que dans le traitement des malades.

Anoxia in Newborn Infants

The reduction of deaths from anoxia is a matter not primarily of resuscitating the newborn infant but of preventing anoxemia in the fetus both before and during labor. Good antenatal care will ensure that as far as possible the fetus is mature and the mother is in good health. During labor watchful attention to the earliest signs of fetal distress, and the practice of skilled obstetrical manoeuvres, will reduce anoxemia in the fetus. Anesthetics, analgesics and oxytocics must be prescribed and administered with circumspection.—*The Lancet.*

Nursing Profiles

Rahno Mary Beamish, who has been the busy administrator of the Sarnia (Ont.) General Hospital since 1944, was signally honored by the Quota Club of Sarnia when she was chosen "Woman of the Year," in recognition of her outstanding service to her community. Another noteworthy award was accorded Miss Beamish last autumn when she was made a member of the American College of Hospital Administrators.

Energetic, capable, thoroughly versed in the problems of running a large institution, this graduate of the Toronto Western Hospital had had wide experience in many branches of nursing in both Canada and the United States before assuming her present duties. Private nurse, head nurse, supervisor, instructor, and superintendent of nurses—all of these responsibilities had been carried with businesslike efficiency prior to 1944. In addition Miss Beamish served a term as president of the Registered Nurses' Association of Ontario during the recent period when their provincial Act received consideration and eventual passage in the Ontario Legislature. Currently, she is a member of the Advisory Board of the University of Western Ontario School of Nursing and of the Board of Directors of the Ontario Hospital Association.

Meyers

RAHNO M. BEAMISH

Nurses all over Canada will applaud the selection of this able administrator, who always remembers she is first of all a nurse, as "Woman of the Year."

Helen Jean Munroe has been appointed supervisor of public health nurses with the Nova Scotia Department of Public Health. She has been assigned to duties in the western division of the province.

Following graduation from the Victoria General Hospital, Halifax, in 1936, Miss Munroe engaged in private nursing and staff duty at the Aberdeen Hospital, New Glasgow, for several years. Ten years ago she decided to engage in public health nursing and has been stationed at Pictou and Amherst. She has qualified for her certificate in public health nursing and in administration and supervision in this field at the McGill School for Graduate Nurses.

Captain Mary E. Lydall who joined the faculty of Grace Hospital, St. John's, Nfld., last year as instructor of nurses and assistant director of nurses, has been promoted to be director of nursing in that hospital.

Born in England, Capt. Lydall came to Canada at an early age and received her education in Edmonton and Vancouver. She graduated from Grace Hospital, Windsor, Ont., and secured her post-graduate training in teaching and supervision at the University of Toronto School of Nursing. Capt. Lydall was employed as instructor of nurses at the Salvation Army hospital in Halifax and at their unit in Ottawa as acting director of nurses before going to St. John's.

Major Mabel Crolly, who preceded Captain Lydall has been transferred to the post of director of nurses at Grace Hospital, Winnipeg.

Janet Story has been appointed provincial nursing officer for the St. John Ambulance Association in Newfoundland. Formerly clinical supervisor and lecturer in medical nursing at the St. John's General Hospital,

Miss Story graduated from the school of nursing in that institution in 1948. The following year she enrolled at the University of Toronto School of Nursing, securing her certificate in clinical supervision.

Currently president of the Alumnae Association of her own hospital, Miss Story is vice-president of the Newfoundland Graduate Nurses' Association. In her new work, she will have a very active program of teaching in first aid, home nursing, and child welfare.

In Memoriam

Mary Seabury Mathewson, who graduated from The Montreal General Hospital in 1925, died unexpectedly in her sleep on March 13, 1953, at the age of 54. The loss of this talented leader came with stunning force to the students and staff of The Montreal General where Miss Mathewson had been director of nursing since 1946. No less poignant was the sense of being bereft experienced by the staff of the *Journal* for she had steered the activities of the Editorial Board with a sure touch for nearly nine years.

Born and educated in Montreal, Miss Mathewson early showed her developing powers of leadership. She became supervisor of the M.G.H. operating room soon after graduation. Public health nursing attracted her and she joined the Montreal Child Welfare Association. Four years later she combined the duties of assistant director with the role of part-time director of public health nursing at the McGill School for Graduate Nurses. In 1938 she joined the university faculty on a full-time basis. She collaborated in the preparation of "Three Centuries of Canadian Nursing" with the late John Murray Gibbon. For many years she was an active member of the Committee of Management of the Association of Nurses of the Province of Quebec.

Miss Mathewson's success was not achieved at the expense of her essential kindness and understanding, nor her appreciation of the human values of compassion that give nursing its true greatness. She was a gentle woman, gracious, helpful and just.

* * *

Thomasine (Flaherty) Murphy, a graduate of St. Joseph's Hospital, London, Ont., and a resident of Fort William, Ont., died on February 14, 1953, following a sudden heart seizure. She was 54. Mrs. Murphy had nursed in the United States prior to her marriage in 1927. She was a member of the Ladies' Auxiliary of the Fort William Sanatorium.

Notman, Montreal

MARY S. MATHEWSON

* * *

Gladys (Folliott) Parker, a graduate of Toronto Western Hospital, died while on duty on February 22, 1953, at the age of 46. Mrs. Parker had served on the staff of Humber Memorial Hospital, Weston, Ont., since it was opened three years ago. She was assistant superintendent of nurses at the time of her sudden death.

* * *

Elizabeth Bell Ross, who graduated from The Montreal General Hospital in 1905, died in New York on March 17, 1953, at the age of 74. During World War I Miss Ross, who was then working in New York, went to France with the American Red

Cross. She later transferred to the Canadian forces and was stationed at the Lady Astor Hospital in England. For her devoted service, Miss Ross was awarded the Royal Red Cross and decorated by the King of Belgium. She was also included in King George's Honor List, receiving the O.B.E. Following the war she went back to the United States to work, returning to Montreal in 1937 to become director of nursing at the Homoeopathic Hospital. Two years later she undertook the reorganization of the Montreal private nursing registry. She retired in 1944.

* * *

Mildred V. Rundle, who graduated from St. Catharines General Hospital, Ont., in 1933, was killed February 28, 1953, at the lonely outpost of Lake Harbor, Baffin Land, when the roof of a government building collapsed. She was 43 years of age.

Miss Rundle had spent most of her time since graduation nursing at outpost hospitals in the Arctic. She had been stationed at Church of England missions in Aklavik, Fort George, and Pangnirtung. She had been on loan to the government health service for the Eskimos for the past 18 months.

* * *

Gwendoline (Miller) Smith, who graduated from Holy Cross Hospital, Calgary, in 1933, died recently in Drumheller, Alta. Mrs. Smith had worked on the staff of the hospitals in Hanna and in Drumheller.

* * *

Lillian (Ritchie) Smith, who graduated from the Public General Hospital, Chatham, Ont., in 1940, died suddenly on March 5, 1953, in Chatham.

* * *

Helen (Ogilvy) Tennant, who was the first person to be accepted in 1887 to work in the Victoria Public Hospital in Fredericton, N.B., before even a training school was started, died in Fredericton on February 15, 1953. In 1895 Mrs. Tennant was given a diploma as an honorary graduate of the hospital. She was an active member of the alumnae association for a great many years.

A Tribute

The broad Commonwealth was deeply saddened by the death on March 24, 1953, of Dowager Queen Mary, grandmother of Queen Elizabeth. Her passing marks the close of a gracious era.

Through the transition from Victorian to atomic age, and through two devastating wars Queen Mary remained steadfastly the same — the very personification of royalty. With her dignity of manner and devotion to the creed of duty she commanded not only respect but a special depth of affection from people in many countries.

Throughout her long life she was a devoted wife and mother, setting a pattern for family life that is still revered. With her passing will be lost our one beloved link with an age that placed a high value on qualities which, though rarer now, will ever command our deep admiration and respect: the firm maintenance of individual dignity; unflinching adherence to, and a strong sense of duty; a profound feeling of the responsibilities imposed by office; and, above all, true womanliness and unfailing sincerity of purpose.

Integration

One of our greatest tasks is to restore to many nurses, or to arouse in them for the first time, a sense of integration with the patient, of belonging to the profession, of having a part in its achievements. . .Integration does not depend on whether we spend three hours, three minutes, or three seconds with the patient—it depends upon our attitudes and vision. If we do our work so that its central idea is the well-being of people, then we are at one with our fellows.

—JANET GEISTER in *R.N.*, June, 1952.

Trends in Nursing

Psychiatric Nursing

THE STAFFING OF mental hospitals with adequately prepared personnel has long been a problem. We wish that it were possible to say that the need has become less acute but such is not the case. The Executive Committee of the Canadian Nurses' Association, recognizing its responsibility in regard to this as well as to the nursing needs of Canada as a whole, has appointed a special committee to study curriculum needs for both professional and auxiliary psychiatric nursing personnel. This committee, forming a working party, met in Toronto in March. The members were: Miss M. Russell, chairman; Miss E. Pullan, Miss A. McArthur, Miss O. Griffith, Miss F. Copeman, Sr. St. Ferdinand, Miss M. Keyes, and Miss E. Kemp. Miss Edith Kemp, superintendent of nurses at the Provincial Mental Hospital, Ponoka, Alberta, has been on loan to the Mental Health Division of the Department of National Health and Welfare. She has been doing a survey of existing courses of instruction for auxiliary psychiatric workers, and of the needs of mental hospitals for these workers, and is recommending certain steps to be taken in relation to their training. The C.N.A. has been fortunate in obtaining her assistance on the committee.

Metropolitan School of Nursing

Last fall, the final class of the Metropolitan School of Nursing wrote their registration examinations. We are pleased to report that every student passed. From the letters we receive at National Office it appears that they have dispersed over Canada and down into the United States. Several are making plans for post-graduate work in the fall. Others have taken positions in various institutions. We were particularly interested to hear from one graduate who is working at the Vancouver General Hospital on a ward which is kept as a practice ward in administration for senior students.

Newfoundland

We hope soon to welcome the nurses of Newfoundland into the Canadian Nurses' Association. After a great deal of hard work, which will be fully realized by any nurse who has been on a legislation committee, their bill has been printed. They are now awaiting its passage through the legislature. When finally there is a Registered Nurses' Association of Newfoundland, the C.N.A. will once again have representation from every province. We must get ready another delegates' sign in anticipation of the day when the Newfoundland Registered Nurses' Association joins with us at our biennial meetings.

Simultaneous Translation

At the Canadian Nurses' Association Executive meeting in January, there was discussion of the possibility of having simultaneous translations of the proceedings of the 1954 Biennial at Banff. As the attendance at the French section of the Biennial in Quebec City did not come up to expectations, there was some doubt as to whether as many French-speaking nurses would be present as far west as Banff. The decision was that if a *sufficient number* were to register well in advance, arrangements will be made for simultaneous translation.

Health Insurance Brief

The membership of the C.N.A. will be interested to know that the Committee on Health Insurance has been very active recently. In December they met in Ottawa as a working party to prepare a brief for presentation to the Minister of National Health and Welfare. Under the guidance of Miss Esther Robertson, chairman of the

committee, a relatively short but well thought out brief was prepared containing the recommendations of the C.N.A. in regard to Nursing in Canada. As we all know, the federal government has acknowledged the importance of nursing in relation to the welfare of the people of Canada. The recommendations contained in the brief were based on those found in the provincial health survey reports.

Nursing Outlook

Have you seen the new nursing publication from the National League for Nursing? Called *Nursing Outlook*, it will come monthly in its blue and white cover. You will remember that in the reorganization of nursing associations in the United States the American Nurses' Association retained its identity but the National Organization for Public Health Nursing, the National League of Nursing Education, and the Association of Collegiate Schools of Nursing became part of the larger National League for Nursing. *Nursing Outlook* will be the voice of all three now. An introductory issue is rather difficult to judge but if subsequent issues are as interesting we will certainly not let our subscription expire.

Biennial 1954

We have given our word that we will not mention that Shangri-La where we are all going in June, 1954. After all, this column must not steal any thunder from page 389.

Nursing Statistics for 1952

We at National Office continue to make nuisances of ourselves by wanting to know what all our nursing groups in Canada are doing. Right now we are headaches to the directors of nursing in the various schools of nursing. You would be amazed, though, at the number of inquiries that come in for information about nursing education in Canada. Dr. Lord's "Report of the Evaluation of the Metropolitan School of Nursing" directed the spotlight onto us. Let us not duck our heads and say we are not doing anything outstanding. We feel that almost every school has some project which would be of interest to nurses both nationally and internationally. So, because of all this, the usual questionnaire about enrolment in schools of nursing has been enlarged to let us know what changes are taking place or are planned in the schools.

I.C.N. Congress

Canada will be well represented at the forthcoming I.C.N. Congress in Rio de Janeiro. The president, Miss Helen G. McArthur, and the general secretary-treasurer, Miss M. Pearl Stiver, will sit as official C.N.A. delegates on the Board of Directors of the I.C.N. and the F.N.I.F., and with other C.N.A. delegates on the Grand Council. Miss Gladys Sharpe, director of nursing at the Toronto Western Hospital, will be giving a paper on Newer Trends in Curricula. As well as these, your *Canadian Nurse* editor and three other C.N.A. members will be attending officially. Miss Grace M. Fairley, as third vice-president of the I.C.N., and Miss Florence Emory, as chairman of the I.C.N. Membership Committee, will be present for all sessions. In addition at least 18 other members are well along in their plans to attend.

For the information of those lucky ones we have been mentioning above, it seems that French is spoken by many Brazilian nurses. Maybe you had better brush up on the French you used to know!

The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and states. — *Constitution of WHO.*

Orientation et Tendances en Nursing

Le Nursing en Psychiatrie

Un problème datant déjà depuis longtemps est celui de trouver un personnel compétent pour les hôpitaux psychiatriques. Nous serions heureux de pouvoir dire que les besoins sont moins urgents qu'autrefois. Malheureusement tel n'est pas le cas. L'Association des Infirmières Canadiennes reconnaît que ce problème, comme celui d'assurer à la population du Canada un service adéquat d'infirmières, la concerne. Elle a nommé un comité spécial chargé d'étudier les besoins des hôpitaux psychiatriques pour ce qui a trait au personnel—infirmières et auxiliaires.

Ce comité spécial s'est réuni à Toronto en mars dernier. Les membres présents étaient: Mlle M. Russell, convocatrice; Mlles E. Pullan, A. McArthur, O. Griffith, F. Copeman, M. Keyes, E. Kemp; Soeur St. Ferdinand. Mlle Kemp, directrice des infirmières au "Provincial Mental Hospital" de Ponoka, Alberta, est actuellement en congé, afin de faire une enquête sur les divers cours donnés aux aides des hôpitaux psychiatriques, les besoins des hôpitaux mentaux concernant les aides ou auxiliaires, des recommandations seront faites concernant ces cours. L'A.I.C. est heureuse de pouvoir compter sur l'aide de Mlle Kemp.

L'Ecole Experimentale de Windsor

L'automne dernier, la dernière classe de l'Ecole Métropolitaine passait avec succès les examens d'enregistrement. D'après les lettres reçues, ces élèves sont dispersés au Canada et aux Etats-Unis. Quelques-unes se proposent de faire des études post-scolaires à l'automne. D'autres ont accepté des positions dans diverses institutions. Les informations reçues de l'une d'elles nous ont particulièrement intéressées. Elle est employée dans un hôpital de Vancouver, dans une salle réservée à la pratique de l'administration hospitalière pour les élèves de troisième année.

Terre-Neuve

L'A.I.C. aura bientôt le plaisir d'inviter les infirmières de Terre-Neuve à faire partie de l'association. La loi des infirmières est imprimée et est actuellement devant la Législature. Toute infirmière qui a déjà fait partie d'un comité de législation sait tout ce que cela représente de travail. Lorsque Terre-Neuve aura son association provinciale d'infirmières, l'A.I.C. sera représentée dans toutes les provinces du Canada. Nous anticipons le jour où il nous sera permis d'ajouter le nom de Terre-Neuve à ceux des autres provinces.

Traduction Simultanee

Lors de l'Assemblée du Comité de Régie de l'A.I.C. en janvier dernier, la possibilité d'avoir une traduction simultanée lors du congrès de Banff, 1954, fut discutée. Au congrès de Québec les infirmières d'expression française ne furent pas très nombreuses et la voix de la traductrice se fit souvent entendre dans une salle à moitié remplie. Les infirmières de langue française se rendront-elles plus nombreuses à un congrès aussi éloigné que celui de Banff? Il est permis d'en douter. La décision suivante fut prise: S'il y a *suffisamment* d'inscriptions des mesures seront prises pour qu'il y ait une traduction simultanée.

L'Assurance Sante

Les membres de l'A.I.C. apprendront avec satisfaction que leur Comité d'Assurance-Santé a été très actif. En décembre dernier les membres se sont rencontrés à Ottawa pour rédiger un mémoire remis au Ministre de la Santé et du Bien-Etre. Sous la direction de Mlle Esther Robertson, convocatrice, ce mémoire, plutôt court mais bien au point, contenait les recommandations de l'A.I.C., à l'égard des infirmières. Le gouvernement fédéral, comme nous le savons tous, a reconnu l'importance du nursing dans le maintien de la santé et du bien-être de la population du Canada. Ces recommandations étaient le résumé de celles qui furent faites lors des enquêtes des services de santé dans les provinces.

Point de Vue — "Nursing Outlook"

Une revue intitulée *Nursing Outlook* que nous pourrons traduire par "Point de Vue sur le Nursing," est publiée par le "National League for Nursing." Elle est l'organe d'expression du "National Organization for Public Health Nursing," de "National League of Nursing Education," et de "Association of Collegiate Schools of Nursing." Lors de la réorganisation des diverses associations du nursing aux Etats-Unis deux

groupes distincts furent formés—L'"American Nurses' Association" et la "National League for Nursing." Dans sa toilette blanche et bleue, la revue fait bonne figure. L'avenir nous permettra de juger mieux de la valeur de cette revue, mais ce premier numéro est le présage d'un brillant avenir.

Congres de 1954

Nous nous étions pourtant promis de ne pas dire un mot de ce paradis terrestre où nous nous dirigerons toutes en juin, 1954. Pas un mot de plus, pourquoi voler l'effet de l'article à la page 389.

Statistiques pour 1952

Ici au Secrétariat Général, nous continuerons de vous importuner avec nos demandes de renseignements. Que voulez-vous, nous tenons à être au courant des activités de tous les groupes d'infirmières! Actuellement nous sommes la bête noire des directrices des écoles d'infirmières. Si vous passiez une journée à nos bureaux, vous seriez étonnées des renseignements qui nous sont demandés concernant la formation des infirmières. L'évaluation de l'école expérimentale de Windsor faite par le Dr. Lord a attiré l'attention sur notre profession. Ne montrons pas une fausse modestie en disant que nous ne faisons rien de particulier. Nous sommes certaines que dans chaque école il se fait quelque chose pouvant intéresser les infirmières tant du Canada que de l'étranger. Alors comme vous l'avez constaté le questionnaire, concernant le nombre d'étudiantes inscrites à votre école, renferme cette année plus de questions, dites-nous les changements qui ont eu lieu dans votre école ou ceux que vous vous proposez d'y faire.

Le Congres International des Infirmieres

Le Canada sera bien représenté au prochain congrès international à Rio-de-Janeiro. La présidente, la secrétaire générale et environ 18 autres personnes y assisteront.

Le français est une langue courante au Brésil. Pourquoi ne pas rafraichir vos connaissances en français?

Accidents That Happen

Falls take a greater toll of adult life than any other type of home accident. Falls in the bathtub, however, popularly considered a leading menace to life and limb, actually are responsible for relatively few deaths. This is borne out by a study of the circumstances surrounding fatal accidents in and about the home among the Metropolitan Life Insurance Company's adult industrial policyholders.

Nearly half of the fatal falls in the home took place on stairs but a considerable number occurred when the victims were merely walking about a room or going from one room to another. In many instances a rug was reported as the cause of the fall and in others highly polished or wet floors, or objects left carelessly around, were held responsible.

The next most frequent classes of fatal accidents were fires and burns, often the result of the victim dozing off in bed or in an upholstered chair with a lighted cigarette or pipe, or of such practices as pouring kerosene on fires to kindle or hasten them.

One of the outstanding facts to emerge from the study is that a large proportion of the accidental injuries in the home are preventable.

—*Metropolitan Information Service*

The goal of eradicating tuberculosis can be achieved if its fundamental characteristics are clearly understood and if proper preventive and therapeutic measures based on this understanding are used vigorously and persistently. Effective control of tuberculosis requires a systematic and well integrated medical program, encompassing early detection and prompt and adequate treatment of the tuberculous followed by rehabilitation and continuous medical supervision, research in all phases of the disease, and a program of professional and public education regarding the disease—its mode of spread, its prevention, and the essentials of successful treatment.

—Dr. Louis I. Dublin

JUNE 7, *1954,* may look like a long way ahead in your day-by-day planning but to members of your Program Committee of the C.N.A., it is "just around the corner."

As a matter of fact, the sessions of the 1952 Biennium held in Quebec City had just finished, nurses from all parts of Canada were saying "au revoir" and were off to catch planes, trains, and buses to return to their jobs or to start on well-earned vacations, when members of your Executive sat themselves down for an immediate post-biennium meeting. "What about the next biennial convention?" "Was it a good idea to continue general interest sessions?" "Was there enough participation?" "Was the simultaneous translation into French successful?" These and dozens of other questions were asked in a critical, searching evaluation of the just-concluded biennial meeting.

Since then, your Program Committee has met and the first tentative draft of a program has been prepared. From the discussion of that Quebec meeting, from written and verbal suggestions from many associations and individuals, the program seems to be shaping itself to include three main areas of discussion: *Recruitment — Nursing Education — Nursing Service.*

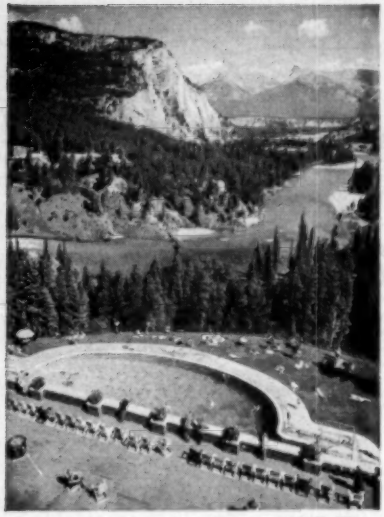
"Pretty all-inclusive" you will say and it is meant to be. The program must be planned for hundreds of nurses with great variety of interests. What nurse, regardless of where or when she works, can deny that in one of these broad fields of nursing there is not some part to which she can contribute, or from some part — learn?

In and around these three main headings will be woven discussion of the Structure Study — to which, after the years of study in the associations, in the chapters, in small groups, we know nurses will come with a deeper understanding and a conviction as to what we want to do with the structure of our Canadian Nurses' Association.

Again, you may say, "These three topics are so general that I don't just see what I can get out of this meeting. I want to get help with some specific problems. I want to hear how they are tackling this problem somewhere else." And that, too, is what the Program Committee wants you to have and this is where you can help.

What is your province, your association, your district, your chapter, your hospital, your agency, your group doing that is new, different or particularly satisfying? Can it be demonstrated, talked about, written about in such a way as to inspire or help other groups? If so, will you tell the Program Committee about it?

On the other side of the fence, what *is* the problem you would like to hear discussed or see demonstrated? Have



C.P.R. Photo

View of Banff Springs Hotel swimming pool and Bow Valley

you a "felt need" that could be met?

The Program Committee would like to bring these two groups together: those who have something to offer; those who have some great need.

There are other details of the program, of course, that will be of more than passing interest: The fact that we are having one of the most famous of resort hotels *all to ourselves* — the whole 850 reservations with all that goes with it (the Alberta people will be telling you more about that presently) — the fact that a completely free day was so popular in Quebec we think it is a "must" now for all national conventions — the fact that the dignity and formality of a formal installation of officers was so enjoyed that it is to be part of the proceedings — the fact that a special program for student nurses is again going to be part of the five-day event.

These, and many, many other details are in the planning.

Put *June 7, 1954,* on your calendar now and be one of the fortunate 850 to occupy the Banff Springs Hotel for five wonderful days of work, holiday, rest and more good "nursing talk" than you'll ever have in any other five days.

And send in all those suggestions to us, the Program Committee at **C.N.A. National Office, 1411 Crescent Street, Montreal 25, Que.**

Remember! June 7, 1954, is just around the corner!

Rheumatics and Weather Predictions

Rheumatism sufferers who claim they can predict changes in the weather are right. Why, was explained by Dr. Jonas H. Kellgren of Manchester, Eng. It appears that, in some forms of arthritis, pain increases when the temperature starts dropping as is the case preceding bad weather.

This is based on his discovery that there are two distinct kinds of pain. Experiments in which certain nerves were blocked off from sensation revealed that the body's sensitivity to deep pain and surface pain could be distinguished. It is the deep pain which responds to the rapid cooling.

Dr. Kellgren pointed out that pain and its origin is basic to the study of many types of rheumatic diseases and their diagnosis. Doctors recognize at present that pain appearing in an arm or leg may really stem from pressure on a nerve which has its origin in the spinal column where a vertebra may be affected. It has also been found that there are "trigger points" of pain which will radiate to distant parts of the body under pressure.

Nursing Runs in Family

The great granddaughter of a student of Florence Nightingale's in England has enrolled at the Alexandria (Virginia) Hospital School of Nursing. She is Margaret Louise Wilding, 19, of Silver Spring, Maryland. Her mother was a nurse during World War I at St. Thomas's Hospital, London. Margaret's parents met in France where both were attached to the French army.

Student Nurses

Valedictory

LEONA MANLEY

IS IT POSSIBLE that three long years have passed since we stood on the threshold of a new and so different life? We did not realize on that momentous day when we entered this school of nursing what was in store for us. Were we afraid? No! We did not know enough about it to be afraid! Nor did we hear the door that softly closed on our girlhood with its irresponsible lightheartedness and I suppose we have to admit — lightheadedness! We stepped forward eagerly and expectantly toward that new light which, for us, limned in shining letters the words — "professional nurse."

These three years of striving have been filled with many memories — some pleasant, some unpleasant. As we look back we can bring into focus those that stand out most clearly: the chuckling laughter of children at play in a ward; the whispered "thank you" from pain-wracked lips in the silence of the night; the thrill that shivers one's being when a newborn baby cries; the mute gratitude in eyes that speak when lips cannot; the aching pain of shared heartbreak when a loved one dies; the inexpressible satisfaction in work well done; the inexplicable joy experienced in loving God through serving man.

These far, far outweigh the vague remembrances of seemingly endless nights "on call"; of aching feet and weary brain; of drowsing through lectures, of tense examination periods. How very unimportant these seem today and yet in a way we are grateful for them. The routine and seemingly wearisome things have a share in subtly shaping our lives. Almost anyone can rise to heights of heroism under great stress but the building of character and the development of a true sense of responsibility require years of painstaking devotion to routine duty. And for this opportunity that has been given us — the opportunity to learn how to live fully — we are grateful to so many!

First — to our parents. Only now do we realize to some extent the sacrifices they have made for us, not only during these three years but even from the time before we were born. In the course of our training, we have seen at close range and with enlightened perception, the nobility and depth of a mother's and father's love! We pray that God will help us to repay them in some measure, for this cherished love.

Secondly, we are grateful to all the Sisters for their unfailing care and watchfulness, as well as for the knowledge and many skills they have imparted to us. To the doctors we offer a sincere "thank you" for their patience, kindness and interest, demonstrated both in formal teaching and on the hospital wards. Their conscientiousness and devotion to duty is a shining example that we shall keep before us.

To our patients, too, we owe a debt of gratitude. It has been a privilege to aid them during their sickness and to have been instrumental in helping them to regain health and happiness.

What shall we say to our friends, the students we are leaving behind, especially those who will be taking our places as new graduates next year? How can we express in words the

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Miss Manley was valedictorian when her class graduated from Hôtel-Dieu Hospital in Cornwall, Ont.

value of the companionship we have enjoyed? Many times during the past few weeks we have, with deep sympathy, assured you that "we will think of you when we are out after 10:30 and when we are sleeping in until noon!" But it has been mock pity — for when we think of leaving residence life, of saying goodbye, we can hardly bear it! We have been so close — closer than classmates, closer than friends. Not only have we worked and studied, laughed and played and cried together, but we have grown up together and that makes us sisters.

We are graduating now, a little proud and very happy. If it hadn't been for your ever-ready help, perhaps we wouldn't have made the grade! We shall never forget the years we have spent together here and we are confident that you who follow in our footsteps will maintain the traditions dear to our school of nursing.

Finally, with humble and loving hearts, we thank God for all the graces and benefits He has showered on us here and we solemnly promise that our future professional work, wherever it may be, will be motivated solely by the counsel of charity which He Himself pronounced: Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto me.

Tulip Capital of Canada

MARCUS O'BRIEN

A lot of amazing things happen in Ottawa and, contrary to some opinion, not all of them happen on Parliament Hill. For example, one of the most intriguing and beautiful

Photo by Malak, Ottawa

phenomena of that city of surprises is the sudden bursting into bloom in mid-May of more than half a million tulips

Along the 30 miles of driveway, in parks, on the shores of lakes, ponds and inlets, and beside the canals and rivers, as well as in countless private gardens all over the city, tulips appear almost overnight and blanket the Capital with their dainty aroma and multicolored brilliance. Along the edge of the vast lawns at the foot of the austere Peace Tower runs a tulip bed more than 200 yards long and about 15 feet wide, the tulips planted in a design that sends a thrill through the visitor as he sees the colors range from angelic white to exotic purple and flashing scarlet.

From this magnificent display, Ottawa turns to the tiny plot in somebody's back yard where a handful of Dutch tulip bulbs has been planted in the fall to bloom in the spring. More and more of these private tulip gardens are appearing in Canada's Tulip City and more of them will continue to appear as the Capital gets its new Tulip Festival into being.

Ottawa's reputation as the Tulip Capital of Canada wasn't exactly a planned operation at first. The Federal District Commission, responsible for maintaining federal property in the city, took to planting tulips many years ago, mainly because they required little attention, could be planted in the fall, and because they dressed up the spring so handsomely. This abundance of tulips was noticed by Princess Juliana of the Netherlands when she and her family lived in Ottawa while their homeland was in enemy hands.

As a gesture of thanks and appreciation for its hospitality, Ottawa gets 100,000 Dutch tulip bulbs a year from Holland. These are planted on federal property and the total at this date runs around 500,000. Added to this delightful display are the thousands more in private gardens in the Capital. The tulips that bloom in Ottawa every May number well beyond the half-million mark.

So the people who live in the Capital, and the thousands who visit Ottawa as soon as the spring sun warms things up a little, may walk past empty, neatly-rounded flower beds one evening and, next morning, find these mounds flooded with the breath-taking glory of tulips in bloom, sending their fresh, clean fragrance into the spring air, and filling the landscape of the Capital with their grace, loveliness and the never-the-same color arrangement.

Book Reviews

Better Board Meetings—a manual based on a survey of practices in 45 social and health agencies, by Mary Swain Routzahn. 112 pages. National Publicity Council for Health and Welfare Services, 257 Fourth Ave., New York City 10. 1952. Price (in U.S.A.) $2.00.

Reviewed by Alberta Creasor, District Supt., Vancouver Branch, Victorian Order of Nurses.

This little book is of especial value to those who are concerned with planning and conducting board meetings that are interesting and productive. The author has drawn her material from the actual experiences of board meeting practices encountered in various agencies in the health and social fields. She discusses in an interesting and helpful manner such major factors as board-staff relationships, the importance of advance planning, orderly and interesting presentation of routine and new business, correct procedure, and the stimulation of board members so that the experience of board membership is satisfying to them and of real value to the organization.

The process of democratic thinking and planning is emphasized throughout. Techniques, helpful in promoting this procedure, are suggested to the reader. One has a

feeling that the author, from her long experience in working with and observing boards, has given satisfactory answers to many of the problems one encounters along the way.

Basic Biology of Man, by G. Kasten Tallmadge. 244 pages. Random House of Canada Ltd., 1149 King St. W., Toronto 3. 1952. Price $3.75.

Reviewed by Merle A. Menzies, General Staff Nurse, Hospital for Sick Children, Toronto.

This is a very stimulating book that can be read from cover to cover without loss of interest. It is evident from the beginning that Dr. Tallmadge is a scientist and philosopher. Both trends of thought are preserved throughout.

The word "basic" is the foundation of the book. The third chapter on Basic Structure and Organization is perhaps the most unique chapter. It gives a clear concept of "man as an organism, rather than as a collection of organs" and places him in the basic biological pattern, relating him to other species. It is unusual to find a detailed description of species, genus, family, order, class, and phylum in a biology text. It gives the reader a much broader outlook and leads to a comparison of man's biological structure with that of other animals.

The writer's style is forceful and always interesting. At times it seems rather dramatic but this perhaps helps to hold the reader's interest. His descriptions are apt and often unusual. For example, the movement of the ameba is likened to a "drop of rain on a pane of glass." His description of the infectious process as an advance of the elements of the blood stream against invading organisms "like an army surrounding a citadel to beleaguer it, attack it and destroy its wicked inhabitants to the last individual" is delightful and also very exact in its detail.

Each chapter of the book deals with a system of the body and each presents to the reader some new concept of the subject. For example, the locomotor apparatus describes the movement of bones and muscles in terms of physics, likening various movements to those of the inclined plane, wedge, pulley, lever, wheel and axle. The nervous system is included in this chapter as the motivating portion of the locomotor apparatus. Here again, detail has been excluded and only basic structure and function included. The nervous system is divided into the upper and lower motor neuron (one voluntary, the other involuntary). This basic division impresses itself on the reader much more effectively than in most texts where it seems to be submerged in the mass of detail. In each system discussed, structure and function are closely correlated. In the words of the author, "structure affects function." Throughout, embryology is considered. This again is evidence of the "basic" nature of the book.

I feel that this is a textbook for the advanced nursing student and the instructor. It is beyond the imaginative scope of the preliminary student and omits much of the detail that is essential to her training. There is a great deal of pathology included as well as material which belongs to the medicine and pharmacology curricula.

I would recommend this book highly to any interested student and particularly to the instructor of basic sciences who feels that her teaching is becoming rather flat and stale. It is one of the most exciting and unusual approaches to the subject that I have read.

Careers for Nurses, by Dorothy Deming, R.N. 351 pages. McGraw-Hill Co. of Canada Ltd., 253 Spadina Rd., Toronto 4. 2nd Ed. 1952. Price $5.65.

Reviewed by Eva M. Williamson, Supervisor, Health Unit 3, Metropolitan Health Committee, Vancouver.

In this book the author aims "to assist professional nurses to select the specialty best suited to their interests and abilities, to prepare for it, to apply for a position in it, and to grow in it." This she does through presenting an objective description of nursing in its diverse forms, together with information and suggestions with respect to requirements, preparation and opportunity for and within each field of practice. Disadvantages and difficulties are frankly stated.

Chapter I, a detailed discussion of choosing a career, offers the beginning nurse-practitioner and, indeed, her more experienced colleague and counsellor also a comprehensive review of present employee-employer practices as well as sound guidance in the selection of the nursing specialty and formulation of career goals

best suited to her own needs, interests, and abilities. Each of the remaining chapters discusses a nursing specialty. The arrangement of the material in these chapters in similar pattern (viz., scope of the field, its educational and personal requirements, salary ranges and future opportunities) simplifies comparison of one with the other. Inclusion in many chapters of reports by nurses practising their profession within that specialty vitalizes the presentations and gives authority to the job descriptions.

Emphasis has been placed on supervisory, administrative, and teaching positions. Each chapter concludes with a list of sources of employment within the specialty and a reading list relating to its subject. Appendices offer a bibliography in counselling and guidance, sources of information about nursing jobs, suggestions for recruiting nurses, and a list of pertinent visual aids. The text is indexed.

One has the feeling that the author has both accomplished her goal and produced a volume of considerable usefulness to the profession. The Canadian nurse, planning to practise her profession in Canada, must bear in mind as she reads this book that it was written for American nurses about nursing in the United States. Undoubtedly there are many similarities in present practice and future opportunities in nursing in the two countries but there are many significant differences, too. For example, school nursing is less often practised as a separate entity in Canada. Again, most of the sources of information cited are American organizations and institutions, albeit Canadian counterparts of many do exist. However, recognizing that she must make further inquiry into the situation at home, the Canadian nurse should find stimulation and encouragement in this book as she plans for her own future or guides other nurses in selecting and preparing for a career in nursing.

Essentials of Body Mechanics in Health and Disease, by Joel E. Goldthwait, M.D., Lloyd T. Brown, M.D., Loring T. Swaim, M.D., and John G. Kuhns, M.D. 356 pages. J. B. Lippincott Co., Medical Arts Bldg., Montreal 25. 5th Ed. 1952. Price $6.00.

Reviewed by Alice M. Gage, Educational Director, Greater Montreal Branch, Victorian Order of Nurses.

Dr. Goldthwait and the others who collaborated in writing this fifth revision of the work first published under the title "Body Mechanics in Health and Disease" state that "the purpose of this book is to put before the (medical) profession those factors which have been of the greatest help to the writers in the treatment of the chronically ill patient and to indicate the lines along which a most promising study lies for the further increase of our knowledge."

The principles underlying the best mechanical use of the body are simply and clearly stated. The effect of faulty body mechanics on the organs and systems of the body is carefully considered and the material well illustrated with diagrams, photographs, and case histories. The prescription and application of the principles of good body mechanics and the resulting improvement in the condition, control and good functional use of the body are well described. The value and use of body mechanics in the aging person are competently, if briefly, outlined and a program suggested for the maintenance of a useful, active life.

Although primarily written for the medical profession, this book will be of interest to all nurses who accept their responsibility to help prevent crippling deformities due to the use of incorrect body mechanics. The chapter entitled Public Health Aspects of Body Mechanics is significant whether our work as nurses is in schools, in industry, in child welfare fields, or in maternal programs.

There is an extensive reference list at the end of each chapter for those who would be interested in further reading of the topics presented.

Public Health Nursing in Canada—Principles and Practice, by Florence H. M. Emory. 397 pages. The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2. 2nd Ed., revised. 1953. Price $4.25.

Reviewed by Helen G. McArthur, National Director of Nursing Services, Canadian Red Cross Society.

Unprecedented development in Canadian health services in the post-war period has created the need for a complete revision of this book, first published in 1945. It is a rare privilege to pick up a textbook written by a Canadian nurse about Canadian Nursing. It is even more significant when the author, within a few short years, undertakes the

onerous task of revision to meet the needs of today and provide leadership for the future.

The author is recognized, not only in her own country but the world over, as one eminently qualified to interpret the development of public health nursing practice in this country and to enunciate the principles on which that practice is based.

The attractive blue binding is indicative of the improved format and content. The first 280 pages will be valuable and interesting reading to all nurses, whatever their special interest. In the author's own words: "Emphasis is placed upon united effort in professional service . . . Thus it evolves that nursing represents but one field rather than many: that it is concerned with health, its restoration, its protection, its preservation; that within this general framework the several branches of service, each with its own emphasis, fit into the general pattern of increased health." Functions, preparation, relationships, organization and administration of service, supervision, records and recording, health insurance and the organized profession are all dealt with in turn, with representative programs described to illustrate current status and trends.

Part II — The Role of the Public Health Nurse in Certain Specialized Fields: Methods and Technical Procedures—has been contributed by outstanding nurses, well known for their special experience in the fields discussed: maternal and child hygiene, communicable disease control, and industrial hygiene. Students and staff nurses will find a wealth of practical help in these pages.

Each nurse as she reads and studies this new text will find that the reorganization of the material makes possible more complete understanding of the principles and practice of public health nursing. At the same time, the newly added chapters will do much to bring the profession of nursing in Canada to a fuller realization of its objective—the achievement of a larger measure of health for Canadians.

Metropolitan Health Committee, Vancouver

The following are staff changes in the Metropolitan Health Committee, Vancouver:

Appointments: *Lily Cartwright* (St. Charles Hosp., London, Eng.); *Catherine Cyr* (St. Joseph School of Nursing and Dalhousie University public health nursing course); *Emily Davies* (West Middlesex Hosp. and Cardiff U. p.h.n. course); *Bruna Facchin* (St. Paul's Hosp., Vancouver, and University of British Columbia p.h.n. course); *Mary (McNair) Gardner* (Vancouver Gen. Hosp. and B.A.Sc., U.B.C.); *Caroline Harvie* (V.G.H. and B.A.Sc., U.B.C.); *Gertrude LePage* (St. Joseph's Hosp., Campbellton, N.B., and Dalhousie U. p.h.n. course); *Mrs. Joyce Lesley* (V.G.H.); *Mary Morgan* (Dorset Hosp., health visitor cert., Royal Sanitary Institute, London); *Sheila Ogilvie* (V.G.H.; Master's degree, U. of Minnesota); *Margaret Veit* (Toronto Gen. Hosp. and U. of Toronto p.h.n. course); *Elsie White* (Grace Hosp., Windsor, Ont., and U. of Western Ontario p.h.n. course); *Margaret (Whitecross) Wood* (Royal Jubilee Hosp., Victoria, and U.B.C. p.h.n. course).

Resignations: *Oonagh Donald* to go to the B.C. Dept. of Health and Welfare; *Mona M. Bell, Mmes B. Benson, M. Campbell, N. Clark, M. Coleman, W. Farrell, E. Metcalfe, C. Motherwell, G. Robinson.*

A majority of children are born hyperoptic. A newborn infant will, within the first 10 minutes, close his eyelids to shut out bright light. He will follow a bright light after 10 days and at one month of age can perceive large objects. At this time he recognizes his mother's face and four weeks later distinguishes his source of nourishment. Before four months have passed, he follows moving objects. At six months the macula has completed its development and with resultant sharper vision the infant begins to distinguish details. From six months until his second birthday he is strengthening his binocular visual functions so that at 4½ years his visual power attains the adult level.

— Dr. M. W. McGehee

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Victorian Order of Nurses

The following are staff changes in the Victorian Order of Nurses for Canada:

Appointments — Brantford: *Mary P. Moss* (St. Joseph's Hosp., Hamilton). Kitchener: *Barbara C. Tilley* (Royal Victoria Hosp., Montreal). Ottawa: *Elizabeth M. Hannah* (Toronto Gen. Hosp.). Owen Sound: *Nora Lee* (Metropolitan School of Nursing, Windsor, Ont.). Toronto: *Mrs. June Luczka* (General Infirmary, Leeds, Eng. and *Mrs. June Madeley* (Toronto East Gen. Hosp.). Welland: *Josephine R. Battaglia* (St. Joseph's Hosp., Toronto).

Transfer—*Mary E. Shaw* from Montreal to Digby, N.S., as nurse in charge.

Resignations—Digby: *Jacqueline Connely* as nurse in charge. Ottawa: *Thérèse Daoust.* Owen Sound: *Helen Brunkard.* Sudbury: *Rita Carroll.* Toronto: *Mrs. Hazel Jackson, Mary Jordan.* Vancouver: *Norma (Jamieson) Riley.* Welland: *Mrs. Thelma Scott.*

News Notes

ALBERTA

EDMONTON

Forty-five members were present at a regular meeting of District 7 when a letter was read from the chairman of the A.A.R.N. Nominating Committee, M. Cogswell. She asked for suggested names for officers to be elected in May. Miss Christoffenson gave a most interesting talk on the modern approach to the problem of alcoholism, using a film to add clarity.

The annual meeting of the district was attended by 24 members when H. Penhale interpreted the function of the Council of

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Social Agencies. Concrete plans were made to improve public relations in the association and keep the membership more fully informed. Annual reports were read by Misses Fitzsimmons, Exham, Cawsey, Mmes Hulbert and McPhail.

University of Alberta School of Nursing

The new officers of the University of Alberta School of Nursing Alumnae Association are: President, S. Anhill; vice-president, K. McKnight; secretary, Mrs. J. Ward; treasurer, J. Gummeson; corresponding secretary, R. McClorre; social conveners, M. MacTaggart, G. Bailey.

Banff

The Banff-Canmore Chapter elected at a recent meeting the following officers for 1953: Honorary President, Sister M. Albert; president, Mrs. M. Neish; vice-presidents, Mmes K. Watt, M. Costigan; secretary, Mrs. B. Webb; treasurer, Mrs. A. Werth; executive, Mmes O. Clark, W. Tweedley.

Blairmore

The following nurses were elected to hold office in the Crow's Nest Pass Chapter: President, Mrs. N. Bruning; vice-president, M. Berze; secretary, H. Clemis; treasurer, Mrs. A. Lord; press representative, Mrs. J. Dunford. Executive, Mmes N. Skiffington, R. Haldorson, A. Vejprava.

Pincher Creek

Organization of a St. John Ambulance first aid course and formation of home nursing classes were two matters discussed at the annual meeting of the local chapter held at St. Vincent's Hospital, with Mrs. E. W. Clazie presiding.

Officers elected for the following year are: President, Mrs. Clazie; vice-president, Mother Rosalie; secretary, Mrs. T. Dilmer; treasurer, Mrs. R. Taylor.

Ponoka

Provincial Mental Hospital and *Municipal Hospital*

E. Kemp, superintendent of nurses, P.M.H., is in Ottawa working on a survey of psychiatric nursing in Canada. E. Stark is taking her place in her absence.

The graduate nurses have organized a well baby and preschool clinic which is proving an asset to the community. Last fall a hand-hooked rug was purchased from the occupational therapy dept. and raffled

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for funds. The net proceeds were well over $100.

The nurses of P.M.H. have relaxed in their off-duty hours by taking part in square dances, curling, basketball, and bowling and supporting the local hockey teams.

VIKING

The following officers were elected for Viking Chapter at a recent meeting: President, Mrs. Dearing; vice-president, Mrs. Sorenson; secretary-treasurer, Mrs. Slavick; program convenor, Mrs. McCauley.

Two readings were presented by the chairman — a letter from Korea; "Not Empty-Handed" by Helen G. McArthur, C.N.A. president.

WESTLOCK

At a meeting of Westlock Chapter plans were made for the A.A.R.N. annual convention to be held in May at Banff. Those attending included: Mrs. F. Roberts, president; Mrs. H. Gilchrist, secretary; E. Doyle, H. Heffernan, Mmes W. Spragge and F. Steininger. After the business meeting D. Muller read a comical dialogue entitled "My Operation."

BRITISH COLUMBIA

CHEMAINUS

Mrs. N. T. Bennett was re-elected president of the local chapter at the annual

meeting. She will be assisted by R. Luck as vice-president, Mrs. D. Yates, secretary-treasurer, and Mrs. R. N. Dick as refreshment convener. The annual report was read by Mrs. G. C. Saunders. It was decided to offer to assist the hospital W.A. with their sewing and knitting for the Sunshine Cupboard and also to hold a sale of home-cooking. Ten dollars was donated to the Hospital Improvements Fund.

COURTENAY

Mrs. H. L. Calnan was elected president of Plateau Chapter at the annual meeting held at the home of Mrs. E. Erickson. B. Hutchinson was elected vice-president, Mrs. W. G. Surgenor, secretary-treasurer, Mrs. J. McQuinn will handle publicity, M. Lownds and E. Hutchinson were introduced as new members of the chapter. Mrs. Erickson will be responsible for the Red Cross supply cupboard for a year.

NANAIMO

The monthly meetings of Nanaimo Chapter are held on the first Wednesday of each month alternately at the nurses' residence of the General Hospital and the Indian Hospital. A card was sent to the recipient of the 1952 bursary — C. Reed — congratulating her on receiving her cap at St. Joseph's Hospital, Victoria. A successful Valentine Dance was held by the chapter, netting almost $400. This dance is an annual affair and one of the social events of the season.

The following officers are serving for the coming months: President, Mrs. H. Best; vice-president, Mrs. I. Walker; secretary, Miss Shimizu; treasurer, Mrs. M. Belton. Committees: Entertainment, Mrs. Walker, M. Thompson; civil defence, Mrs. K. Shelley; press, Mrs. White; bursary, Mmes Chapion, Field, Tippett; visiting, M. Thompson, Mrs. Kelly.

PRINCE GEORGE

S. Bradford was elected president of the Fort George Chapter at the annual meeting held in March. She will be assisted by: Vice-president, Mrs. N. Embleton; secretary, E. Hassett; treasurer, D. Munro. The president's report contained such highlights as the visit last spring of Margaret E. Kerr, editor of *The Canadian Nurse*, and the district meeting held at Burns Lake. The lectures on the Nursing Aspects of A.B.C. Warfare are being repeated with films. The 1952 scholarship to a local high school graduate was awarded to R. Dalgliesh who is enrolled at the Vancouver General Hospital School of Nursing.

It is hoped that another district will be formed in this part of the province. A. Wright, R.N.A.B.C. registrar, has been invited to a meeting in Quesnel to discuss this possibility. Miss Bradford will represent the chapter.

Some of the proceeds from the annual dance are set aside to help furnish the

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nurses' residence and it was decided to help with a new rug this year. A donation was made to the Red Cross. Mrs. D. Belsham closed the meeting with a résumé of the Structure Study report.

PRINCE RUPERT

Dr. L. M. Greene, in an address at a well attended meeting of Prince Rupert Chapter, stressed that it was thoughtful nursing care that contributed to a happy confident patient. He outlined some of the new drug and surgical and medical techniques used today. Mrs. N. Stromdahl was in the chair, in the absence of Mrs. E. Bartlett.

SMITHERS

The annual meeting of Smithers Chapter was held at the home of Mrs. J. McDonald when the election of officers resulted as follows: President, A. Batchelor; vice-president, Mrs. B. Vetterli; secretary, N. Owens; treasurer, Sr. M. Winnifred.

Plans were made for a rummage sale and home-cooking sale, proceeds to be in aid of the dental clinic and the Student Nurses' Bursary Fund.

VANCOUVER

E. Rossiter presided at a meeting of Vancouver Chapter when over 200 members were present. The chairman announced that representation on the U.N. was discontinued last year because of conflicting dates of their meetings with those of the chapter but that new arrangements might be made. K. Bowyer reported for private duty that 49 members had attended the supper meeting in February when Dr. J. W. Cluff was guest speaker. Mrs. Larivière announced that the Structure Study would be reviewed and discussed at later meetings. Miss Mogenson, visiting convener, said that several cards had been sent. Mrs. E. Stibbard, who represented the chapter with Miss Black, spoke on a Brotherhood meeting they attended.

The chairman invited members to prepare exhibits for the Hobby Show to be held in connection with the R.N.A.B.C. annual meeting. It was suggested that the chapter executive invite student nurses to attend the forthcoming Structure Study meetings.

The program consisted of a short discussion by E. Hood on "Current Facts on Labor Relations." L. Creelman discussed "International Aspects of Nursing" and illustrated her talk with fascinating slides.

General Hospital

Doreen Pope, a V.G.H. graduate with her B.A.Sc. from the University of British Columbia, is now on the staff of the London (Eng.) County Council doing clinic work. After graduation, Miss Pope worked with the V.O.N. in Burnaby, B.C., for two years.

St. Paul's Hospital

Sgt. Rossiter, of the Public Relations Dept. of the Vancouver City Police, ad-

dressed the March meeting of the alumnae and showed an interesting film, his topic being "Traffic and Safety."

For the annual spring frolic planned for early May, A. Clark is in charge of decorations and arranged a flower-making bee to help in her task. Mrs. O. Lockhart is in charge of arrangements and T. Lawton and the Bursary Committee are planning a raffle.

A. Empey and V. Suker are now at Powell River, E. Ropas in Chicago, T. DesRosiers and J. Brock in Fresno, Calif. R. Clunas is on the staff at Kelowna Hospital, V. Cruikshank is taking a post-graduate course at the Chicago Lying-In Hospital, and Mrs. I. McClughan is replacing the former A. McLellan with Dept. of Indian Affairs.

A number of the staff attended a two-day nursing institute in Seattle: Srs. Denise Marguerite, Alcide Marie, Misses Beresford and Galuid, and Mrs. Loan.

VICTORIA

Royal Jubilee Hospital

The following are taking a post-graduate course in operating room technique and administration: R. M. Hartwig, formerly on staff of General Hospital, Prince Rupert; Mrs. D. Kitchen, from Willow Chest Centre, Vancouver; J. Klaasen, formerly at Shaughnessy Hospital, Vancouver; C. Kinnis, for the past two years on O.R. staff, R.J.H.; E. Sutherland, formerly at Lady Minto Hospital, Ashcroft, B. C.; O. E. Watts, formerly with West Coast Hospital, Port Alberni, B.C.

WILLIAMS LAKE

Mrs. C. Singer and T. Buffam were named president and program convener respectively at a regular meeting of Williams Lake Chapter. The retiring president, Mrs. M. Johnston, former matron of the War Memorial Hospital, has moved from the district.

MANITOBA

WINNIPEG

General Hospital

The Alumnae Spring Tea was held in February and proved a very successful affair. At regular alumnae meetings two interesting speakers were heard — Dr. Freisen of the Cancer Institute whose topic was "The Early Signs and Symptoms of Cancer," illustrated with slides; and B. Allen, educational director of King George Municipal Hospital, whose topic was "Polio."

The dinner and dance in honor of the 1953 class will be held in May. Eighty-eight graduates will receive their diplomas and pins.

The honorary president of the alumnae is now Jean (Webster) Morrison.

Victoria Hospital

The alumnae association elected V. Ed-

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monson as president at its annual meeting. Other officers include: Vice-president, Mrs. L. Purdy; secretary, Mrs. V. Gooding; treasurer, Mrs. M. McInnes. The following will also serve in various capacities: Mmes I. Roper, O. Backhouse, D. Bain.

NEW BRUNSWICK

Moncton

Dr. E. D. Levittan was the speaker at a meeting of the Moncton Chapter when his subject was "Clinical Medicine." F. Breau gave an account of a provincial executive meeting held in Fredericton. R. MacKenzie gave a report on the findings on personnel policies, under study by a special committee. Mrs. G. Shaw reported on a meeting of the Local Council of Women.

C. Perkins, field representative for *The Canadian Nurse,* who was on tour in the province, spoke to a meeting of graduate nurses on "Orientation and Head Nurse Relationships."

Nurses' Hospital Aid

Mrs. K. Carroll, the president, was in the chair at a meeting of the Aid when a minute of silence was observed in memory of the late Mrs. L. Wadman, who was one of the first members of the organization. Mrs. J. Neill gave a report on the Canadian Association of Consumers and Mrs. K. Lamb commented on the Local Council of Women.

Mr. Brian MacKay, physiotherapist at the Moncton Hospital, spoke at a later meeting on "The Treatment of Polio by the Kenny Method." Mrs. M. J. Perry was appointed convener of the dinner to be held in honor of the 1953 graduation class of the Moncton Hospital. Mrs. R. Sowerby outlined the results of the ticket sale on the drawing of merchandise held in March. At the close of the meeting, refreshments were served by: Mmes Lamb, D. Elliott, J. Pettet, N. Smith.

Saint John

General Hospital

D. MacTavish and D. MacQuarrie, from the Royal Victoria Hospital, Montreal, have been appointed to the neurosurgery division, S.J.G.H. S. (Price) Seszke and M. Pike are on the obstetrical staff, while A. Ross has resigned from this department for a year's visit to England and the Continent. E. MacLeod is on the teaching staff. Jean Smith, B. J. Tompkins, and D. Earle have been appointed to the supervisory staff. L. McKay, Z. Sypher, L. Brown, M. Bostwick, E. Bishop, and E. Thompson are doing general duty at S.J.G.H. V. Friars has resigned and is now at Guelph General Hospital, Ont. D. Dann, who has been doing private nursing, has also accepted a post at that hospital. J. Hunter, O.R. supervisor, is taking a two-month course in Montreal while J. Daye is specializing in communicable disease nursing at the Alexandra Hospital, Montreal.

St. Joseph's Hospital

Mrs. F. H. George presided at a meeting of the alumnae association when a report was given on a successful bridge. Letters have been sent to alumnae members across Canada and the U.S., containing detailed accounts of the work done by the group. Musical entertainment was provided by two student nurses — C. Fife and B. Melanson.

Members of the alumnae volunteered to take charge of the candy booth at the Easter Tea and Sale under the auspices of St. Vincent's Alumnae.

C. Perkins, field representative for *The Canadian Nurse,* addressed the graduate staff and senior nurses when her topic was "What Do We Owe?", which dealt with the responsibilities of the nursing profession. She stressed the blending of the art and science of nursing.

I. Leger and A. Dinsmore were visitors to the city from Fredericton, where they are on the staff of Victoria Public Hospital. A. Perry is with St. Joseph's Hospital, Stamford, Conn. G. Shannon is supervising the O.P.D. at St. J. H. D. M. Grand is with the Lancaster D.V.A. Hospital. Sr. M. Christine has returned after taking a course in central supply service at Charlottetown Hospital, P.E.I., and is now in charge of St. Joseph's central dressing room. M. Campbell has resigned from Westminster Hospital, London, Ont., to be married.

Tuberculosis Hospital

J. Scott is now on the staff as instructor. She is a graduate of the Guelph General Hospital, Ont.

ST. STEPHEN

The St. Stephen Chapter entertained Catherine Perkins, field representative for *The Canadian Nurse,* at a dinner when she spoke on "The Structure Study." Mrs. McGarrity thanked Miss Perkins and she was then presented with a gift of handweaving, made by one of the chapter members, Mrs. H. Dinsmore.

Charlotte County Hospital

Miss Perkins met different nursing groups at the hospital, holding informal talks on various professional problems. D. Ingalls, who has completed a course in surgery at St. Michael's Hospital, Toronto, is now O.R. supervisor at C.C.H. L. Wrinch, whom Miss Ingalls has succeeded, is now on duty in the Labrador Hospital.

NOVA SCOTIA

HALIFAX

Victoria General Hospital

The alumnae association recently held a tea in honor of the following nine members who took part in the founding of the alumnae 33 years ago: Mmes H. Hall, E. Haliburton, F. McLellan, W. D. Forrest; Misses E. Redmond, S. Archard, F. Fraser, L. Hubley, M. Mackeil. The honored guests,

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who are all active members, were each presented with a corsage and a book by the president, Mrs. T. Carpenter, and vice-president, Mrs. H. S. T. Williams. Miss C. Graham addressed the meeting and during the social hour tea was poured by Mmes L. MacRae and C. Hodgson.

ONTARIO

District 1

St. Thomas

With an attendance of over 60 nurses, the first regular meeting of Elgin County Chapter got away to a good start in February. I. Poole, the president, welcomed the group and introduced the special guests, Col. W. A. Andrews, coordinator of civil defence for Elgin; N. M. McDougall, who was in charge of a display of equipment used in civil defence; and Mrs. E. G. Berry, Merlin, president, Kent County chapter.

The program was given over in part to the subject of civil defence, Miss Poole stating that there were 7,342 nurses who had completed the course in A.B.C. warfare, 339 having taken a special course as instructors. The hostesses for the evening part of the program were B. Lewis, superintendent of nurses, Memorial Hospital, and her nursing staff. These nurses presented a demonstration in a two-act skit. M. Lyle, instructor of nurses, entertained the group with a travelogue of her trip to Great Britain and the Continent. R. Arthur thanked the hostesses for their hospitality.

District 2

St. Marys

At a recent meeting of St. Marys Graduate Nurses' Association Mmes H. Dicks, R. MacDonald, W. Butters, and Miss E. Lancaster were appointed to help with the tuberculosis survey.

An interesting talk on flowers and their arrangement was given by Mr. P. L. Becker, who also presented a delightful corsage to Mrs. W. Glass, as the earliest graduate present at the meeting. A donation was voted for the European Flood Relief Fund and plans made for several activities to mark Hospital Week.

Assisting the hostess, Mrs. J. Pyne, to serve lunch were Mmes O. Bell, W. Butters, and R. Cushman.

District 3

Walkerton

Thirty-five members were present at a general meeting of Walkerton and District Nurses' Association. Mrs. G. Alexander presided. Mrs. H. A. MacGillvray, the knitting convener, reported that there were over 100 pairs of booties ready for the hospital nursery. It is the aim of the group to present each newborn babe at the hospital with a pair.

Mmes Amsberry, J. MacDonald, and B. McClevis were appointed as a committee to

look into fees for nursing service with the hope of standardizing the rates for private duty and hourly nursing. N. Meagher, Mmes W. Dippel and J. Griffiths will do their best to get a repeat of the lectures on A.B.C. Warfare.

Mrs. W. Easter, hospital superintendent, gave an informative talk on the new drug therapy and its method of administration. She was assisted by Miss Meagher.

District 5

Toronto

With the chairman, W. Hendrikz, presiding, a well attended, stimulating meeting of the district members took place at St. Michael's Hospital. The fenestration operation for certain types of deafness was discussed and illustrated with a film by Dr. J. A. Sullivan. Later, small groups were shown over the new nurses' residence and the study clinic for the hard of hearing. Refreshments were provided through the kindness of Sr. M. Kathleen, director of nurses.

Women's College Hospital

Mrs. (Hart) Palmer is at the Dept. of Health, Inverness County, Cape Breton, N.S. Mrs. Karen Johansen may be reached at Sisters Quarters, Matilda War Memorial Hospital, The Peak, Hong Kong. D. Langford is on the staff of the obstetrical dept. at the Pontiac General Hospital, Mich. V. Kirkpatrick is with WHO, working on maternal and child health and welfare.

Newmarket

At the annual meeting of the York County Nurses' Association, V. Smyth, supervisor of public health nursing for York County health unit, spoke on "Emergency Feeding in Civil Defence." The film — "The Taking of Blood" — was shown. New officers were elected as follows: President, B. Tunney; vice-president, Mrs. G. McPherson; secretary, Mrs. R. Rogers; membership, L. Thomas; refreshments, Mrs. R. Ecobichon; program, V. Smyth; corresponding secretary, G. Johnston.

District 6

Belleville

A regular meeting of Chapter A took the form of a pot-luck supper in the dining room of the General Hospital, with 85 members present. The guest speaker, Rev. Mr. McConnell of Trenton, showed slides and gave an interesting talk on his trip to the British Isles and the Continent.

The following officers will serve for the coming months: President, H. Collier, Belleville; secretary, C. Droppo, Trenton; treasurer, Mrs. E. MacMillan, Trenton.

District 7

Kingston

A banquet, arranged by the chairman, Sr.

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Mantle, followed the annual meeting of District 7 when 150 nurses were present. A humorous and appropriate talk was given on the subject of "Beds" by Professor I. Laird, Dept. of Psychology, Queen's University.

The June meeting will be under the direction of the Perth Chapter and will be held at Marywood Camp for Crippled Children.

General Hospital

The following officers are serving for the alumnae association during the coming months: President. P. Ohlke; vice-presidents, J. Godard, D. MacLaren; secretary, S. Finlay; treasurer, R. Atkins. Also acting in various capacities are: Misses Rogers, M. MacInnis, Mmes S. Smith and Leggett.

The Valentine Ball, held in honor of the 1953 graduating class, and the Pot-Luck Supper were both successful events.

District 8

Ottawa

Civic Hospital

The alumnae association of the School of Nursing is planning a memorial portrait to the late Gertrude Bennett, to be hung in the nurses' residence and unveiled at the May tea. The funds for this project will be raised by subscription from the graduates.

The first bursary-loan has been granted for the university year of 1952-53. The first recipient is D. Dent, who is now enrolled in the public health nursing course at the University of Ottawa.

Her Worship the Mayor, Dr. Charlotte Whitton, opened the annual bazaar and tea held by the alumnae last November. E. Young and V. Adair received the guests. With all expenses deducted, approximately $500 was cleared from the bazaar and $295 from the raffle.

I. Gilbert is on the staff of the Trail-Tadanac Hospital, B.C. M. Lingard is attending the University of British Columbia. M. (Tough) Earley is assistant night supervisor at the Plummer Memorial Hospital, Sault Ste. Marie, Ont. M. Bennett, G. Moulton, A. Morrow, T. Josylin, E. Kropp, L. Kropp are on the staff of the Vancouver General. O. McKeachnie is with the Kenora-Keewatin health unit. C. Dunn, who took a course in surgery at Johns Hopkins, Baltimore, is now specializing in chest surgery in Houston, Texas. B. Elliott, B. Mann, and B. Blair have joined the staff of the Ottawa Health Dept.

Grace Hospital

The newly elected president, E. McCorkell, presided at the annual meeting of the alumnae association when the following business was transacted: a donation sent to flood relief in England; plans made for a tea and money shower; decision made to buy a spring, bed frame and mattress to donate to the hospital. The past president

thanked the group for the gift received.

Lady Stanley Nurses' Alumnae

The annual dinner of the alumnae association was held in March when the guests of honor were E. McColl and G. Garvin. Following this event, a meeting was held and plans completed for the Spring Tea.

DISTRICT 10

The Thunder Bay Nurses' Registry recently sponsored a refresher course of eight lectures on a variety of subjects, including cancer and A.B.C. warfare. One hundred and thirty graduate nurses registered and many senior students. Those contributing were: Drs. J. V. Riches, W. A. Hargan, G. C. Ferguson, G. S. Jeffrey, and Howitt; Misses M. O'Rourke, M. Flood, M. Pringle, M. Stitt, B. Strachan, Mrs. Jones. The program was convened by Sr. Patricia, assisted by M. Flanagan, M. O'Brien, Kirkpatrick, Mrs. M. Gibbons.

FORT WILLIAM

Seventy nurses attended the annual meeting of District 10 and heard with interest that the provincial membership had increased in 1952 by 1,628 active and 618 associate members. Elected to office were: President, Sr. Patricia; vice-presidents, K. Feisel, M. Pringle; secretary-treasurer, M. Curran; institutional nursing, M. Flood; public health nursing, D. Adams.

A bursary fund is to be set up by the district to aid needy students who wish to enter a school of nursing.

Interested visitors at the meeting were: H. Wilson, Kenora; D. Rorke, Sioux Lookout; B. Stewart, Dryden; R. Sellick, Geraldton.

PORT ARTHUR

Mrs. J. Dawson, retiring president, conducted a recent meeting of the General Hospital Alumnae Association when new officers were elected as follows: Honorary president, B. Dewar; president, Mrs. M. Rutherford; vice-president, Mrs. W. Pertulla; secretary, H. Chase; treasurer, E. Langila; press correspondent, Mrs. I. Hartviksen; social committee, R. Southern, D. Robinson; lunch committee, Mrs. B. Fyfe, R. Morehouse.

The retiring treasurer, Mrs. D. Johnston, presented the financial report for 1952 and later assisted Miss Robinson with the serving of lunch.

QUEBEC

MONTREAL

Royal Victoria Hospital

H. Davidson and M. Prescott, the first supervisor of the Ross Pavilion now residing at Star's Point, N.S., were recent visitors at the hospital.

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Recent appointments to the staff as assistant head nurses are: J. Bullock, Ward N; M. Crouch, Ward J; G. Mowat, Ward D; G. Conliffe, Ward F. N. Secord has joined the staff of the Catherine Booth Hospital in this city.

The following nurses have left for other work: A. Thompson, E. Bishop, D. MacQuarrie, D. MacTavish, all to the staff of the neurosurgery division of the Saint John General Hospital, N.B.; J. C. MacGregor has joined the staff of the Royal Jubilee Hospital, Victoria.

Abroad are I. Yeik, stationed in Ankara, Turkey, with the American army, and M. Hatcher, in Iran with the Royal Ashrof School of Nursing, Teheran.

K. MacLaggan, Fredericton, is going on a tour to observe centralized teaching programs in nursing education in Boston, New York, and Detroit. The project is sponsored by the Kellogg Foundation on behalf of the N.B.A.R.N.

A. Fyles is obtaining special training in pediatrics at the Children's Medical Centre, Boston.

Verdun Protestant Hospital

At a tea in their honor, the seventh group of registered nurses to complete the six-month post-graduate course in psychiatric nursing received their certificates. The nurses were: V. Allen, Women's College Hospital, Toronto; L. Glasgow and G. McKell, Queen Elizabeth Hospital, Montreal. K. Morrison, graduate of The Montreal General Hospital who received her certificate in psychiatric nursing in July, 1952, was presented with the 1951-52 Carlyle A. Porteous Memorial Award for her understanding and application of the principles of psychiatric nursing.

SASKATCHEWAN

ESTEVAN

R. Anton was elected president of Estevan Chapter when the members held their annual election of officers at St. Joseph's Hospital. The vice-president is Sr. Cabrini; secretary, Mrs. D. W. Henneberg; treasurer, B. Fay; executive, I. Oman, J. McCowan, Mrs. M. Bachinski. Also serving in various capacities include: Misses Anton, T. DeBoth, Mmes Paton, Bobier, Korpan, N. Peters, H. Budd, E. Young, Sr. M. Paul. The auditors are Mmes K. Duncan and W. Whitby, Jr.

PRINCE ALBERT

Mrs. E. Welna was re-elected president of the Prince Albert Chapter at a recent meeting. Sr. Germaine, vice-president, will assist her along with Mmes L. Morrison and E. Lewis continuing as secretary and treasurer respectively. The following will also serve in various capacities: A. Gauronski, L. Telfer, O. Hunt, V. Spencer, Mmes W. Zakus, H. Steel.

Mmes B. Meilicke, C. J. McConechy, Misses E. Nichol and H. M. Cassin will arrange for a program of 12 lectures in home nursing. A donation of $100 was announced for office equipment and furnishings towards the centralized nursing scheme.

Lola Wilson, S.R.N.A. registrar, later addressed the 55 nurses from Birch Hills, Shellbrook, and Wakaw on "The Centralized Lecture Program for Student Nurses."

REGINA

Lola Wilson, S.R.N.A. registrar, later dressed members of Regina Chapter, when her topic was "Association Membership and Individual Responsibility to the Association." Plans for the S.R.N.A. annual meeting were made, Mrs. A. Schwartz to be in charge of arrangements. The Moose Jaw and Regina chapters will act as co-hostesses.

SASKATOON

More than 100 nurses were welcomed to a joint meeting of the alumnae associations of the City and St. Paul's hospitals schools of nursing by Mrs. D. Wilson, S.C.H. alumnae president. Guests included nurses from various schools across Canada. M. Dingwall, St. Paul's alumnae president, introduced the guest speaker, Dr. D. M. Baltzan, who gave an amusing account of his trip to South America. He showed a film of fascinating pictures taken on his journey. A social hour ended the enjoyable evening. Arrangements were made by the program and social conveners of the two groups.

City Hospital

A formal dance, sponsored by the 1953-B class of the School of Nursing, proved a delightful event, having as its theme St. Valentine. E. Caughlin, a member of the 1953 class, and her escort, acted as hostess and host.

Thirty-one members of the 1955-B class of the School of Nursing received their caps at a candle-lighting ceremony held in February. Special guests for the occasion were the parents, members of the graduate staff, and L. Wilson, S.R.N.A. registrar. Those taking part in the ceremony included: Mrs. H. A. Armstrong, director of nursing; M. Gibson, educational director; L. Kangas, nursing arts instructor; J. Brown, president, Student Nurses' Association. Each newly capped student received a nurse's New Testament from Mmes S. F. Anderson and F. W. Dewar of the Gideon Society. M. Bell provided background music throughout the ceremony. J. Lindsay was Mistress of Ceremonies during the variety program provided by the big and little sisters. Miss Wilson gave greetings and words of encouragement to the students.

St. Paul's Hospital

The following lecturers were scheduled in connection with the educational program for staff nurses: Dr. D. M. Baltzan — The Nurse and the Medical Profession; Mr. Walter Franz — Economic Problems of the Nurse; Dr. J. McGeachy — Mental Health; Father Ehman — Life's Calling. L. Kirzinger was scheduled to attend a workshop on polio care in Chicago. On her return she will be in charge of St. Paul's polio dept.

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Caseroom Nurses (experienced) who must be able to register in B.C. 5-day wk. & excellent personnel policies. Apply Director of Nursing, Royal Jubilee Hospital, Victoria, B.C.

Public Health Nurse by June 1 for Foothills Health Unit to be stationed at Turner Valley. Basic salary: $2,600; yearly increments. Apply Foothills Health Unit, Box 380, High River, Alta.

Public Health Nurses (qualified) by Aug. 1 or earlier for generalized program in rural area. Minimum salary: $2,400 with allowance for experience. Excellent opportunity for nurses with one or 2 yrs. experience to prepare for senior responsibilities. Good personnel policies. 4 wks. vacation annually. Liberal car allowance. Apply Dr. G. K. Martin, Muskoka District Health Unit, Bracebridge, Ont.

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Salaries: $2,850 to $3,270 depending upon qualifications.

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General Duty Nurses (2) for 130-bed Notre Dame Memorial Hospital, Twillingate, Newfoundland. Salary: $110 per mo. with full maintenance. Night duty, $25 per mo. extra. Uniforms not provided. Apply Gladys Dawe, R.N., Head Nurse.

General Duty Nurses for 135-bed modern hospital with facilities for private patients & mild psychiatric cases. Situated on east side of Detroit, close to downtown section. Good transportation. Beginning salary: $260 per mo. with 3 semi-annual increases of $5.00 ea. $15 per mo. for afternoons & $25 per mo. more for nights, above base pay. Apply Miss G. Rashleigh, R.N., Jennings Memorial Hospital, Detroit 14, Michigan.

Graduate Nurses for General Duty & Head Nurse for Operating Room with post-graduate or equivalent experience. 117-bed hospital. 44-hr. wk. 11 statutory holidays. 28 days annual vacation. Salary: $215-255. Apply Director of Nursing, Jubilee Hospital, Vernon, B.C.

Matron for The Wales Home for Protestant Aged. Attractive surroundings & good working conditions. 1 mo. holidays after 1 yr. Pension plan. Apply, stating age, qualifications & salary expected, Sec., The Wales Home, Richmond, Que.

Science Instructor by July 1 for progressive School of Nursing. Student body of 60; one class per yr. admitted. Apply Director of Nursing, General Hospital, Belleville, Ont.

Operating Room Scrub Nurse immediately for busy unit. 44-hr. wk. Blue Cross Plan available. Cumulative sick time. Apply Director of Nursing, General Hospital, Belleville, Ont.

General Duty Nurses for Medical & Surgical Units. For further information apply Director of Nursing, General Hospital, Belleville, Ont.

Science Instructor (1) & Nursing Arts Instructor (1) for 200-bed hospital with 50 students. Apply Director of Nurses, Greater Niagara General Hospital, Niagara Falls, Ont.

Director of Nursing Education for 200-bed hospital with 50 students. Apply Director of Nurses, Greater Niagara General Hospital, Niagara Falls, Ont.

Supervisors (3), Head Nurses (3) & General Staff Nurses (14) for new unit, Civic Hospital, Ottawa, Ont. Apply Director of Nursing.

Wanted!

PUBLIC HEALTH NURSES

The Indian Health Services of the Department of National Health and Welfare requires nurses who have had a course of one year at University in Public Health Nursing.

Salaries: **$2,720 to $3,070 depending upon qualifications.**

Three weeks' annual leave with pay.

Apply:

Personnel Division,
Department of National Health and Welfare,
Booth Building, Ottawa, Ont.

Night Supervisor & O.R. Nurse for modern 30-bed hospital, one floor plan. Situated on Georgian Bay. Good salary, full maintenance, attractive new residence. Apply Miss E. Feagan, Supt. of Nurses, General Hospital, Meaford, Ont.

Supervisor for Floor Duty — day & night duty positions available. Also **Graduate Nurse for General Floor Duty.** 44-hr. wk. 8 statutory holidays. Full maintenance in pleasant surroundings. Apply Director of Nursing, Freeport Sanatorium, Kitchener, Ont.

Public Health Nurse for Corporation of City of Victoria, B.C. Salary range: $225-275 per mo. plus car allowance. Starting salary contingent on previous experience. Applicants must possess degree or certificate in public health nursing & should own a car. Applications, stating age, qualifications & experience, together with earliest date services are available, are to be submitted to City Personnel Officer, City Hall, Victoria, B.C., at the earliest possible date following reading of this advertisement.

Public Health Nurses (qualified) for generalized public health nursing services, City of Toronto. Salary: $2,974 with yearly increments to $3,391 per annum. 5-day wk. Sick leave & pension plan benefits. Apply Personnel Dept., Rm. 320, City Hall, Toronto, Ont.

Graduate Registered Nurses for Ward Supervisors. 44-hr. wk. 2 wks. paid holidays, fringe benefits, live out. Apply Supervisor of Nurses, East Windsor Hospital, Windsor, Ont.

Registered Nurses & Male Medical Assts. for small hospital. Salary for nurses registered in Ont., $160 per mo. plus full maintenance; others, $150 until Ont. registration received. Salary for Male Assts., $75-120 per mo. plus full maintenance. Fare to $40 refunded at end of 1 yr. service. Apply Supt., Lady Minto Hospital, Cochrane, Ont.

Registered Nurses for General Duty immediately for 80-bed Municipal Hospital. Salary: $175 per mo. with full maintenance & laundry provided. $5.00 per mo. bonus at end of each 6-mo. period. Fare from Edmonton refunded after 6 mos. service. 3 wks. vacation after 1 yr. & all statutory holidays. Straight 8-hr. duty. Comfortable nurses' home. Apply Miss F. Gow, Supt. of Nurses, Municipal Hospital, Grande Prairie, Alta.

Registered Nurses for supervisory positions & staff nursing in new & beautifully equipped 100-bed hospital in Pacific Northwest. Beginning salary for staff nursing: $270 for 40-hr. wk.; $10 additional for P.M. & night duty. Only 6 miles from Pacific Ocean. Delightful climate. Apply Director of Nurses, County General Hospital, Tillamook, Oregon.

Registered Nurses immediately for 36-bed hospital in Southern Interior of B.C. 3 active doctors on staff. Salary: $210 per mo. less than 2 yrs. experience; $220 per mo. more than 2 yrs. experience — less maintenance, $45 per mo. Statutory & annual holidays per R.N.A.B.C. Hospital situated in active & recreational community. Apply, giving full particulars, Matron, Nicola Valley General Hospital, Merritt, B.C.

Registered Nurses (2) for 65-bed Obstetrical Hospital. **Afternoon Supervisor** (3:30-11:30) & **Night Supervisor** (11:30-7:30). 44-hr. wk. 3 wks. vacation after 1 year service. Apply Director of Nurses, Catherine Booth Hospital, 4400 Walkley Ave., Montreal 28, Que.

Registered Nurse for 25-bed General Hospital. Salary: $155 per mo. plus full maintenance. Also **Certified Nursing Asst.** Salary based on experience. Beautiful new nurses' residence. Apply Supt., Louise Marshall Hospital, Mount Forest, Ont.

ANESTHESIA

A career specialty for the Graduate Nurse. **Eligibility:** Graduates of Accredited Schools of Nursing. **Course:** Study of the basic sciences related to Anesthesia. Clinical training in all phases of General Anesthesia, Resuscitation, and Inhalation Therapy. **Professional Opportunities:** Full-time position in teaching and non-teaching hospitals in United States. For special course write: **Mary H. Snively, R.N., In Charge of Nurses' Training Programs, Duke Hospital, Durham, North Carolina.**

Nursing Arts Instructor. Salary: $235-285 per mo. **Afternoon & Night Supervisors.** Salary: $205-255 per mo. 44-hr. wk. Uniforms supplied. Modern residence with board, if desired — $30 per mo. Excellent holiday, sick leave & pension benefits. Apply, stating qualifications & experience, Supt. of Nurses, Provincial Mental Institute, Box 307, Edmonton, Alta.

Clinical Instructor in Surgical Nursing for School of Nursing, duties to commence in early Fall. Salary open. Apply Supt. of Nurses, General Hospital, Regina, Sask.

Supervisor for Ophthalmology Ward of 25 beds in 500-bed General Hospital. 5-day wk. Apply Director of Nursing, Royal Jubilee Hospital, Victoria, B.C.

Obstetrical Supervisor & Surgical Clinical Instructor with special preparation. Gross minimum salary: $240 — annual increments, vacation, sick time. 48-hr. wk. For further details apply Supt. of Nurses, General Hospital, Moose Jaw, Sask.

Educational Director for School of Nursing of 200 students. Post-graduate experience preferred. For further information apply Director of Nursing, City Hospital, Saskatoon, Sask.

Asst. Supt. of Nurses by Sept. 1 for Provincial Mental Hospital, Ponoka, Alta. 1,450-bed active treatment hospital conducting an accredited School of Nursing. Excellent holiday, sick leave & pension benefits. Apply, stating qualifications, experience & year of graduation, to Supt. of Nurses.

Operating Room & Maternity Nurses. Salary: $162.50 for recent graduates, 2 meals, laundry. 8-hr. day, 44-hr. wk.—straight shift. $15 differential evenings—$10 nights. Vacation, sick time & statutory holidays on salary. Semi-annual & annual increments. Financial recognition for yrs. of experience, post-graduate or university study. Apply Supt. of Nurses, General Hospital, Winnipeg, Man.

Registered Nurses for Floor Duty. Also **Operating Scrub Nurse (1).** Modern 50-bed General Hospital with good working conditions & attractive salary. Apply Supt., District Memorial Hospital, Leamington, Ont.

Registered Nurses (4) to be in charge of 22-bed hospital while on duty. Salary: $13 per 8-hr. day. Apply Harworth Hospital, 531 E. Grand Blvd., Detroit 7, Michigan.

Operating Room Nurses for new 40-bed Pediatric Hospital. Some experience required. 40-hr. wk. Starting salary: $275. Apply Director of Nurses, Mercy Hospital, Sacramento, California.

General Duty Nurses for 611-bed General Hospital with School of Nursing. Salary: $273; increase $15 end of 1st yr.; $17 end 2nd & 3rd yr.; $19 end 5th yr. Differential of $10 for special services & p.m. & night duty. 40-hr. wk. 12 paid holidays. 3 wks. vacation. Free laundry. Cumulative sick leave. Housing available. Apply Director of Nursing Service, General Hospital, Fresno, California.

Matron by June for 30-bed hospital including new wing opening in May. Salary: $225 per mo. with $10 increase in 6 mos. 44-hr. wk. Statutory holidays. 3 wks. vacation with pay per yr. Separate nurses' home. Apply Sec., Municipal Hospital, Provost, Alta.

THE PROVINCE OF NEWFOUNDLAND

invites applications for the position of

FIELD CONSULTANT WITH THE NURSING SERVICES OF THE DEPARTMENT OF HEALTH

Duties included supervision of Cottage Hospitals and Nursing Districts.

Salary — $2,000 to 2,400 per annum plus $360 Cost of Living Bonus per annum. Uniform allowance is provided. Applications, stating qualifications and experience, should be addressed to:

Director of Departmental Nurses, Department of Health, St. John's, Newfoundland.

Registered Nurses (2) for General Duty in 17-bed hospital about 100 miles from Calgary. Salary: $150 with full maintenance. Increase of $5.00 per mo. after each 6 mos. service up to 3 increases. Transportation refunded after 6 mos. service. Usual vacation & statutory holidays. Apply Municipal Hospital, Elnora, Alta.

General Duty Nurses (2) for 15-bed hospital. Salary: $195 per mo. & full maintenance. Apply, stating date available, P. J. Rasmussen, Sec., Climax-Bracken Union Hospital, Climax, Sask.

General Duty Nurses for large General Hospital. Immediate permanent positions available in all depts., including Pediatrics, Isolation & Obstetrics. Also applications are being considered for summer relief & permanent employment for those seeking positions in Sept. Apply Director of Nursing, Victoria Hospital, London, Ont.

Graduate Nurses (1 or 2) for Silvery Slocan District of B.C. Starting salary: $210 with annual increments of $5.00 per mo. Full maintenance, $40. All statutory holidays paid. 28 days vacation after 1 yr. service. Usual sick leave. Apply Miss A. N. Pow, Supt. of Nurses, Slocan Community Hospital, New Denver, B.C.

General Duty Nurses to investigate opportunities in modern 107-bed General Hospital in fine residential suburb, 8 miles from Boston. Starting salary: $200 per mo., increasing $5.00 every 6 mos. 41½-hr. wk. Night & evening bonuses. Apply Director of Nursing, Winchester Hospital, Winchester, Massachusetts.

Graduate Nurses for General Staff. Applicants must be eligible for registration in Province of Quebec. Further information & application forms will be forwarded on request to Director of Nursing, The Montreal General Hospital, 60 Dorchester St. E., Montreal 18, Que.

Registered Nurses for General Duty with opening of new wing of 70-bed fully modern hospital on C.P.R. main line & Trans-Canada Highway to Banff & Calgary. Salary: $155 & full maintenance with $5.00 increment every 6 mos. Sick leave with pay. 1 mo. holiday with pay plus statutory holidays each yr. 8-hr. day; 44-hr. wk. with rotating shifts. Apply Supt., Municipal Hospital, Brooks, Alta.

Asst. Director with post-graduate experience. **Night Supervisor** (11:00 p.m.-7:00 a.m.) **& Asst. Head Nurses** for 60-bed Pediatric-Orthopedic Hospital. Apply, stating qualifications & experience, Director, Shriners' Hospitals for Crippled Children, Montreal 25, Que.

General Duty Nurses. Salary: $173.23 (one hundred seventy-three dollars & twenty-three cents) monthly, paid on a bi-weekly basis; 26 pays in a yr. Salaries have scheduled rate of increase. 48-hr. wk. 8-hr. broken day; 3-11, 11-7, rotation. Cumulative sick leave. Pension Plan in force. Blue Cross. 3 wks. vacation after 1 yr. service. Also **Operating Room Nurse.** Salary: $184.82 per mo. Apply Supt. of Nurses, Muskoka Hospital, Gravenhurst, Ont.

Nursing Arts Instructor, Science Instructor & Public Health Nurse for school planning new type of course of 2 yrs. nursing education, followed by 1 yr. internship. Excellent opportunity to participate in developing a new school. For information apply Director of Nursing Education, c/o Supt., Metropolitan General Hospital, Windsor, Ont.

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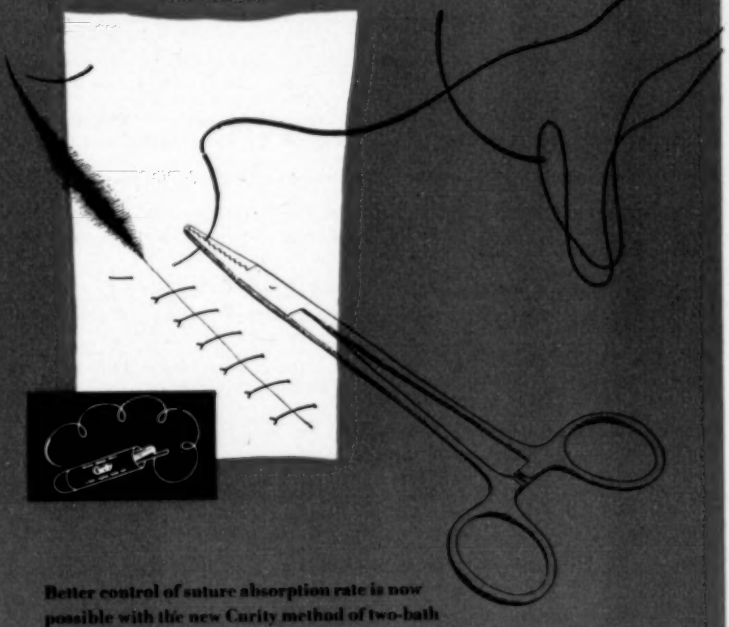

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LA SOCIÉTÉ CANADIENNE DE LA CROIX-ROUGE,
95 RUE WELLESLEY, TORONTO 5, ONTARIO, CANADA.

Matron (1) & Nurse (1) for Union Hospital, Lucky Lake, Sask. Salaries: $225 & $180 plus maintenance, respectively. Apply G. D. Clark, Sec.-Treas., Lucky Lake, Sask.

Nursing Arts Instructor; Supervisor & Clinical Instructor — Medicine; Supervisor & Clinical Instructor — Surgery; Supervisor & Clinical Instructor — Gynecology. All positions open now at School of Nursing, General Hospital, Hamilton, Ont. Address applications & requests for further information to Director of Nursing.

Graduate Floor Duty Nurses for General Hospital, Hamilton, Ont. Gross initial bi-weekly salary: $83 plus Cost of Living Bonus of approx. $6.00 per wk. 44-hr. wk. For other perquisites & further information apply C. E. Brewster, Supt. of Nurses.

Graduate Floor Duty Nurses for Mount Hamilton Maternity Hospital, Hamilton, Ont. 44-hr. wk. Statutory holidays. Initial gross salary bi-weekly: $83 plus cost of Living Bonus. For other perquisites & further information apply Supt.

Operating Room Supervisor (special preparation preferred). Also **Dietitian & Night Supervisor** for 100-bed hospital. Salary depends on qualifications & experience. Apply Soldiers' Memorial Hospital, Campbellton, N.B.

General Duty Nurses — "You will like it here." Placement in the service of your choice in Teaching Hospital. Beginning salary: $240 per mo. for 40-hr. wk. Scheduled increases, payment for overtime, 6-hr. evening duty. $270 per mo. for night duty. Sick leave, 6 holidays, 3 wks. vacation. Residence facilities if desired. Tuition-free courses after 6 mos. service. Opportunities for advancement. Apply Director of Nursing Service, University Hospitals of Cleveland, Cleveland 6, Ohio.

General Staff Nurses for 80-bed hospital. For particulars apply Director of Nursing, Norfolk General Hospital, Simcoe, Ont.

General Staff Nurses for general wards, O.R. & obstetrics. Gross salary: $185-200 per mo. $5.00 additional for P.G. in specialty. $10 bonus for afternoon period. Good personnel policies. Apply Director of Nurses, General Hospital, Guelph, Ont.

Public Health Nurses for York County Health Unit—generalized program. Proximity to Toronto permits possibilities of urban living conditions combined with rural work. Car provided. Health & accident insurance & other attractive working conditions. Apply Dr. R. M. King, York County Health Unit, Newmarket, Ont.

Public Health Nurses for Oshawa Health Dept. Generalized urban service. 5-day wk. 1 mo. vacation. Minimum salary: $2,700. Transportation provided. Contributory P.S.I., Blue Cross & pension. Uniform allowance. Apply, stating experience & qualifications, Oshawa Board of Health, 65 Simcoe St. S., Oshawa, Ont.

Registered Nurses for General Duty Staff. Salary commences at £37-10-0 per mo. with full maintenance. Transportation allowance. For full particulars apply Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurses for General Duty in active 22-bed hospital in Cariboo District, B.C. Salary: $200; $210 after 6 mos. Board & residence, $35. Transportation allowance up to $60 refunded after 1 yr. Full benefits of statutory holidays. Sick leave. 28 days vacation after 12 mos. or proportionate 6 mos. Apply Administrator, General Hospital, Quesnel, B.C.

THE WOODSTOCK GENERAL HOSPITAL SCHOOL OF NURSING

invites applications for

- Public Health Instructor
- Science Instructor
- Nursing Arts Instructor
- Clinical Instructor

POSITIONS OPEN SUMMER.

For information write:

Director of Nursing, General Hospital, Woodstock, Ontario.

Graduate Nurses for modern 50-bed hospital. Gross salary: $220 less $40 board & lodging. $10 annual increase. 10 statutory holidays. 4 wks. annual vacation. 1½ days sick leave per mo. cumulating to 36 days. Transportation allowance not exceeding $60 refunded after 1st yr. Apply Administrator. Wrinch Memorial Hospital, Hazelton, B.C.

General Duty Nurses for 430-bed hospital. 44-hr. wk. 11 statutory holidays. Salary: $240-270. Credit for past experience. Annual increments. Cumulative sick leave. 28 days annual vacation. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

General Duty Nurses (3). Commencing salary: $225; full maintenance $45 per mo. 44-hr. wk. 28 days annual leave plus 10 statutory holidays. Annual increases & sick leave. Fare advanced if desired. Apply Director of Nursing, General Hospital, Princeton, B.C.

General Staff Nurses for medium sized hospital in Western Ontario. All depts. Good salary. All holidays & generous vacation. Living-in accommodation provided. Apply, by writing or in person, Director of Nursing, Memorial Hospital, St. Thomas, Ont.

General Staff Nurses for medical, surgical & obstetrical floors. 177-bed hospital with Training School. Salary: $180-195 gross, depending on experience. $30 charge for room & board. 44-hr. wk. 2½ days holidays per mo. cumulative to 30 days. Also **Clinical Instructors (2)** (qualified) by July 15. Salary now $230 gross with revision of salary schedule shortly. Apply Mrs. M. Alexander, Director of Nursing, General Hospital, Medicine Hat, Alta.

Registered Nurses for 74-bed General Hospital. 44-hr. wk., rotating shifts. 1 mo. vacation per yr. Gross salary: $200 plus laundering of uniforms. $5.00 increases after 3 mos. 9 mos., 21 mos. later. Increment of $10 per mo. while on night duty & $15 per mo. while on evening duty. Residence accommodation available at hospital—$15 per mo. Meals available at hospital—30 cts. per meal. Apply Supt., General Hospital, Portage la Prairie, Man.

Licensed Practical Nurses for 74-bed General Hospital. 44-hr. wk., rotating shifts. Gross salary: $137.50 plus $5.00 increases after 3 mos., 9 mos. & 12 mos. satisfactory service. Increment of $10 per mo. for night duty & $15 per mo. for evening duty. Favorable personnel policies. Residence accommodation available. Apply Supt. of Nurses, General Hospital, Portage la Prairie, Man.

General Duty Nurse for 107-bed modern hospital. Starting salary: $175 per mo. plus meals & laundry. Additional for each evening or night shift. Increases at 6 mos. & annually thereafter for further 2 yrs. 44-hr. wk. 8 statutory holidays. 21 days holidays with pay. Travelling expenses refunded after 6 mos. from point of entry into Ontario. Cumulative sick time. Medical & hospital plan subsidized. Apply Supt. of Nurses, Kirkland & District Hospital, Kirkland Lake, Ont.

General Staff Nurses for new 200-bed Children's Orthopedic Hospital, Seattle, Washington. Unusual opportunities for employment in beautifully equipped, sparkling new hospital providing facilities for care of children in all pediatric specialties. Beginning salary: $235 per mo. with additional $10 for evening & night duty. 2 wks. vacation after 1 yr. 7 paid holidays per yr. 40-hr. wk. 12 days illness allowance per yr. cumulative to 36 days. Opportunities for promotion & varied experience. In addition, Seattle offers a mild year-round climate, all outdoor sports & unsurpassed scenery. For further information apply Director of Nursing.

The VICTORIA HOSPITAL SCHOOL of NURSING

will receive applications for:

• *Science Instructor* • *Junior Instructor*

• *Clinical Supervisor*

600-bed hospital. Over 200 students. Good Personnel Policies. Positions open summer.

For information write to:

Director of Nursing, Victoria Hospital, London, Ont.

Registered Nurses for General Duty for small General Hospital. Salary: $140 per mo. with full maintenance. 6-day wk. 8-hr. duty, rotating shifts. 3 increments of $5.00 per mo. at 6-mo. intervals. Blue Cross paid. 10 days sick leave per yr. 6 statutory holidays. 28 days holidays. Apply Lady Supt., Barrie Memorial Hospital, Ormstown, Que.

Registered Nurses for General Duty in 70-bed General Hospital in San Gabriel Valley, 40 min. from Los Angeles. Close to beaches & mountains. 40-hr. wk. 2 wks. paid vacation. 6 mos. increase in salary. Paid hospital insurance. Starting salary: $235 per mo.; $10 differential for afternoons & nights; $10 differential for surgery & maternity. Write for application form Supt. of Nurses, Inter-Community Hospital, Covina, California.

Graduate Nurses for General Staff for General Hospital, Parry Sound, Ont. (in the heart of tourist district). Salary: $145 for days; evenings $155 & nights $150 per mo. plus full maintenance in nurses' residence. 48-hr. wk. 2 wks. vacation plus 8 statutory holidays. Increment for first 2 yrs. Also **Charge Nurse for Obstetrical Unit.** Apply Director of Nurses.

Graduate General Duty Nurses for 35-bed General Hospital, 50 miles from Toronto. Gross salary: $200 per mo. for general duty. 44-hr. wk. 7 statutory holidays. 3 wks. annual vacation. 2 wks. sick time. Apply stating experience, Supt., Lord Dufferin Hospital, Orangeville, Ont.

Graduate Nurses for completely modern West Coast hospital. Salary: $230 per mo. less $40 for board, residence, laundry. $10 annual increments. Special bonus of $10 per mo. for night duty. 1 mo. vacation with full salary after 1 yr. service. 1½ days sick leave per mo. cumulative to 36 days. Transportation allowance not exceeding $60 refunded after 1st yr. Also **O.R. Supervisor**. Salary: $270 per mo. Working conditions & perquisites same as nurses. Apply, stating experience, Miss E. L. Clement, Supt. of Nurses, General Hospital, Prince Rupert, B.C.

Registered Nurses for General Duty in 200-bed hospital in Niagara Peninsula. Gross salary: $210; afternoons, $220; nights, $215. Increments & return train fare after 12 mos. Also **Certified Nursing Assistants.** Salary: $160. 48-hr. wk.; no broken shifts. 21 days annual vacation. 8 statutory holidays. Cumulative sick leave. Accommodation available in attractive residence. Apply Director of Nursing, County General Hospital, Welland, Ont.

Registered Nurses for General Duty in busy 70-bed General Hospital. Commencing salary: $180 per mo. for 44-hr. wk. Good personnel policy. Apply Supt., Ross Memorial Hospital, Lindsay, Ont.

General Duty Nurses for Obstetrical, Medical & Surgical Depts. Living-in accommodation available temporarily. For information apply Director of Nurses, General Hospital, Woodstock, Ont.

General Duty Nurses (2) immediately for well equipped 12-bed hospital. 8-hr. shifts. Gross salary: $210 per mo. with full maintenance or $240 per mo. with maintenance available at minimal cost. Apply Superior, Notre Dame Hospital, Val Marie, Sask.

VANCOUVER GENERAL HOSPITAL

The Vancouver General Hospital requires:

(1) ***General Staff Nurses.*** 40-hr. week. Salary of $226.50 as minimum and $263.25 as maximum, plus shift differential for evening and night duty.

(2) ***Instructors*** with University training in teaching and supervision. Salary of $259.50 as minimum and $296.25 as maximum.

Temporary residence accommodation is available.

Applications should be accompanied by letter of acceptance of registration in B.C. from *Registrar of Nurses, 1101 Vancouver Block, Vancouver 2, B.C.*

Apply to: **Personnel Dept., General Hospital, Vancouver 9, B.C.**

Registered Nurse for General Duty in 600-bed Tuberculosis Hospital, 6 miles from London, Ont. Initial salary: $175 gross, less $33 per mo. for board, room, laundry. Staff education program. Busy surgical ward. 44-hr. wk. For other perquisites — vacation, illness, pension & further information — apply Director of Nurses. Beck Memorial Sanatorium, London, Ont.

Matron for small General Hospital of 28 beds in town of Huntingdon, Quebec. Pleasant living & working conditions. Attractive social & recreational activities in community. 1 mo. holidays with pay. Good starting salary commensurate with qualifications. Apply Dr. F. G. McCrimmon, Medical Supt., County Hospital, Box 570, Huntingdon, Que.

Asst. Director of Nursing for 400-bed hospital with school of 200 students. Full information on application. Also **Night Supervisors (2)** (4 night supervisors on 44-hr. wk. rotation shifts). Gross salary minimum: $250. 1 mo. vacation & 21 days sick leave per yr. For further information apply Director of Nursing, City Hospital, Saskatoon, Sask.

General Duty Nurses for 77-bed General Hospital, 30 miles from New York City. Salary: $210-220 plus 2 meals & laundry. Living-in salary: $175-185 plus full maintenance. 3 wks. annual vacation. 12 days sick time. 7 paid holidays. 8-hr. day, 40-hr. wk. Also **Operating Room Nurses** at higher salaries. Apply Administrator, Ossining Hospital, Ossining-on-Hudson, New York.

Registered Nurse for General Duty for 45-bed hospital. Salary: $180 per mo. 8-hr. duty, rotating shifts. Complete maintenance in nurses' residence. 1 mo. vacation after 1 yr. service. 2 wks. sick leave per yr. Salary slightly lower for non-registered nurse. Apply Supt., Lady Minto Hospital, Chapleau, Ont.

Asst. Director of Nurses & General Duty Nurses. Apply Director of Nurses, Royal Inland Hospital, Kamloops, B.C.

Graduate Nurses for general & tuberculosis work. **Night Supervisor. Nurse** to double as **asst. to Supt. of Nurses** & as operating room relief. **Nursing Attendants. Trained Nursing Orderlies. Stenographers (2). Lab. Technician**—all for Roseway Hospital, Shelburne, N.S. Application forms may be obtained from Nova Scotia Civil Service Commission, P.O. Box 943, Halifax, N.S. or by phoning 3-7341, Branch 230; or Dr. D.S. Robb, Medical Supt., Roseway Hospital, Shelburne, N.S.

General Duty Graduate Nurses for 60-bed General Hospital, 150 miles northwest of Vancouver on B.C. coast. Salary: $222 per mo. less $25 for complete maintenance & laundering of uniforms. 4 wks. holiday with pay plus 10 statutory holidays. Transportation advanced if desired. Apply Matron, St. George's Hospital, Alert Bay, B.C.

Clinical Instructors (medical & surgical). **Science Instructor. Operating Room Suture Nurses.** Apply Supt. of Nurses, Royal Alexandra Hospital, Edmonton, Alta.

Nursing Arts Instructor; Clinical Instructors in Medicine, Surgery & Pediatrics. Positions available this summer at Misericordia Hospital, Edmonton, Alta. Good personnel policies. 44-hr. wk. Address applications & requests for further information to Director of Nursing.

OPERATING ROOM SUPERVISOR

- For 55-bed Community Hospital in Greater Toronto Area. To manage department with four other Surgical Nurses.
- Post-Graduate and/or equivalent experience.

Starting salary: $250.00 per month.

Apply

Director of Nursing, Humber Memorial Hospital, 200 Church Street, Weston, Toronto 15, Ontario

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Public Health Nurses for Halton County Health Unit. Generalized program. Present minimum salary: $2,500 with adjustments for previous experience. Annual increment. Cumulative sick leave. 4 wks. vacation. Car allowance & loan if necessary for purchase of car. Apply Dr. A. G. Bull, Medical Office of Health, Halton County Health Unit, Milton, Ont.

Registered Nurses (2) for General Duty at 30-bed hospital in Dryden in northwestern Ontario, the heart of a tourist's paradise. Separate nurses' residence, fully modern. Salary: $160 per mo. plus full maintenance. Salaries subject to an annual increase. 30 days vacation after 1 yr. service. Successful applicants reimbursed rail fare after 1 yr. Apply, stating age & when available, Supt., District General Hospital, Dryden, Ont.

Graduate Nurses for General Staff Duty in 350-bed Tuberculosis Hospital in Laurentian Mts. For further information apply Director of Nursing, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, Que.

Instructor (qualified) for small School of Nursing at General Hospital, New Waterford, N.S. Salary open. Apply Raymond MacPhee, Sec., Board of Directors, P.O. Box 575, New Waterford, N.S.

Nursing Arts Instructor, Operating Room Nurses (experienced), **Maternity Floor Duty Nurses & General Floor Duty Nurses** for School of Nursing, General Hospital, Kingston, Ont. Apply, for information re personnel policies & salaries, to Director of Nursing.

Nursing Arts Instructor for 160-bed General Hospital. 65 students enrolled. Minimum monthly salary: $255. 44-hr. wk. 4 wks. vacation. 7 statutory holidays. Pension plan. Apply Director of Nursing, Public General Hospital, Chatham, Ont.

Clinical Instructor for Operating Room & Operating Room Nurses immediately. Apply Director of Nursing Service, Holy Cross Hospital, Calgary, Alta.

Evening Supervisor & Head Nurse for Surgical Ward. Apply, stating qualifications & experience, Director of Nursing, Women's College Hospital, Toronto 5, Ont.

Public Health Nurses for generalized program in Township of Etobicoke (Toronto suburb). Minimum salary: $2,800. Allowance made for experience. Transportation allowance provided. Apply Medical Officer of Health, Township of Etobicoke, 4946 Dundas St. W., Islington, Toronto 18, Ont.

Graduate Nurses for new 60-bed hospital. Salary: $175 per mo. & 1 meal. $5.00 increase semi-annually. 7 statutory holidays. Cumulative sick leave. Pleasant working conditions. Apply Supt., Alexandra Hospital, Ingersoll, Ont.

Graduate Nurses for Municipal Hospital, Drumheller, Alta. 1½-hr. drive from Calgary. Salary: $165 per mo. with full maintenance. 4 wks. holidays after 1 yr. 21 days sick leave. Apply Director of Nurses.

Attention! Graduate Nurses! Would you like to see the West or another part of your country? There are vacancies for summer relief & permanent nurses on our staff. 50-bed active modern hospital, 1 hr. from Vancouver. Accommodation available in modern residence; individual rooms. Basic salary: $220 if registered in B.C. Other R.N.A.B.C. personnel recommendations in effect. Apply Miss M. R. Ward, Supt. of Nurses, Langley Memorial Hospital, Murrayville, B.C.

POSITIONS VACANT

Hospital Supt. Must be Registered Nurse with Hospital Administration experience for 50-bed hospital with Training School. Full maintenance. 4 wks. vacation with pay. Sick leave. Apply, stating salary expected, Chairman, Board of Trustees, Carleton Memorial Hospital, Woodstock, N.B.

Matron (1) & General Duty Nurses (2) for 20-bed hospital in beautiful Arrow Lakes District of British Columbia. Apply, giving experience, references & qualifications, Matron, Arrow Lakes Hospital, Nakusp, B.C.

Graduate Nurses for General Operating Room & Ward Duty in 125-bed hospital. Straight 8-hr. day, 44-hr. wk. For further information apply Supt. of Nurses, Children's Hospital, Winnipeg, Man.

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